



**FORT WORTH POLICE DEPARTMENT
CLERGY AND POLICE ALLIANCE (CAPA)
APPLICATION FOR ENROLLMENT**

DATE: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY/ZIP: _____

BUSINESS ADD: _____ OCCUPATION: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE: _____

CHURCH AFFILIATION: _____

YOUR POSITION IN THE CHURCH: _____

HOW MANY YEARS OF MINISTRY EXPERIENCE DO YOU HAVE? _____

IF YOU ARE NOT THE SENIOR PASTOR, CAN YOU PROVIDE A RECOMMENDATION LETTER FROM YOUR SENIOR PASTOR? _____

EDUCATION – PLEASE TELL US WHAT UNIVERSITY YOU ATTENDED AND TYPE OF DEGREE EARNED.

WHAT EDUCATIONAL BACKGROUND, TRAINING OR EXPERTISE, OTHER THAN THEOLOGICAL TRAINING, DO YOU POSSESS THAT WOULD ENRICH THE CAPA PROGRAM?

ARE YOU AWARE THAT THERE ARE 36 HOURS OF TRAINING THAT MUST BE COMPLETED BEFORE BEING ACCEPTED AS A CAPA MEMBER? _____

AFTER COMPLETION OF THE CLERGY ACADEMY, WILL YOU BE AVAILABLE TO MINISTER IN POLICE CALL OUT SITUATIONS AT ALL HOURS OF THE DAY AND NIGHT? _____

WHAT IS YOUR WILLINGNESS TO PARTICIPATE IN SENSITIVE SITUATIONS: CRISIS ENVIRONMENTS, EMERGENCY SITUATIONS, AND HIGH RISK CONDITIONS? _____

WHAT IS YOUR WILLINGNESS TO COMMIT TO VOLUNTEER, A MINIMUM OF 6 HOURS A MONTH TO RIDE-IN WITH POLICE OFFICERS? _____

WHAT IS YOUR WILLINGNESS TO VOLUNTEER UNDER ADVERSE WEATHER CONDITIONS? _____

WHAT IS YOUR WILLINGNESS TO ATTEND AND PARTICIPATE IN CAPA MEETINGS AND RELATED CAPA EVENTS? _____

HOW MANY ADHERENTS DO YOU HAVE IN YOUR ORGANIZATION? _____

WHY DO YOU WISH TO ATTEND THE CAPA POLICE ACADEMY? _____

HOW DID YOU HEAR ABOUT THE CAPA POLICE ACADEMY? _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? IF SO, EXPLAIN.

GIVE THE NAMES AND ADDRESSES/PHONE NUMBERS OF TWO REFERENCES:

1. _____

2. _____

SHIRT SIZE Small Medium Large X Large XX Large XXX Large

DISTRICT PRERERENCE YOU WISH TO MINISTER IN? _____

LANGUAGE OTHER THEN ENGLISH YOU SPEAK FLUENTLY _____

-----FOR DIVISION USE ONLY-----

CRIMINAL HISTORY CHECK --- ATTACHED --- NONE (CIRCLE ONE)

NPO: _____ DIVISION: _____ NPD: _____

SIGNATURE OF NPD COMMANDER/SUPERVISOR APPROVING APPLICATION:

X: _____ DATE: _____

WAIVER OF LIABILTY AND HOLD HARMLESS AGREEMENT

THE STATE OF TEXAS)
COUNTY OF TARRANT)

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned _____, for and in consideration of the privilege of being a participant in the Ministers Police Academy of the City of Fort Worth, and allowed use of City of Fort Worth property, equipment and services, including but not limited to the weapons firing range and as a member of CAPA riding along with officers and participating in any and all CAPA activities including call outs and recognizing that such activity involves certain inherent risks and dangers to my property and person, do hereby agree to assume the risks attendant to such activity, to include property damage and physical injury from such service, and do hereby release and hold harmless the City of Fort Worth, its' Police Department, agents, and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise.

It is further agreed that the execution of this release shall not constitute a waiver of the City of Fort Worth of defense of governmental immunity, where applicable, or any other defense recognized by the Courts of this State.

Signed, this the _____ day of _____, 20_____, A.D.

Signature: _____

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SUBSCRIBED AND SWORN to before me

this the _____ day of _____, 20_____, A.D.

Notary Public, State of Texas