



**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: \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_

CHURCH AFFILIATION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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? \_\_\_\_\_

-----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 LIABILITY 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 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: \_\_\_\_\_

=====

SUBSCRIBED AND SWORN to before me

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, A.D.

\_\_\_\_\_  
Notary Public, State of Texas