



# West Fargo Police Department

800 4th Ave E, Suite 2 West Fargo, ND 58078 | 701-433-5500 | westfargopolice.com

**Heith R. Janke**  
Chief of Police

## Citizens Police Academy Application

To apply, please return finished form to:

**West Fargo Police Department**  
**Attn: Officer Rhonda Jorgensen**  
**800 4th Ave E, Suite 2**  
**West Fargo, ND 58078**

### Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Please list ALL previous traffic violations, citations and police contact (including jurisdiction) dating back 5 years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List ALL previous addresses dating back 5 years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

I request an opportunity to participate in the West Fargo Citizens Police Academy. I understand that a records and background investigation will be conducted of myself. I assure that the above information is true to the best of my knowledge. Misrepresentation or omission of facts or information may be grounds for rejection of application.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **RELEASE OF ALL CLAIMS**

\_\_\_\_\_ (referred to as "the undersigned" does hereby, and for his/her successors and assigns, quit and forever DISCHARGE the City of West Fargo, the West Fargo Police Department, and their officers, agents, servants, successors, heirs, executors, administrators and all other persons of and FROM ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION, DEMANDS, RIGHTS, DAMAGES, COSTS, LOSS OF SERVICES, EXPENSES AND COMPENSATION whatsoever, which the undersigned no has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen, injuries and property damages, and the consequences thereof, resulting or which may result from riding along with or otherwise accompanying employees and agents of the City of West Fargo and the West Fargo Police Department.

Further, the undersigned agrees to indemnify the City of West Fargo, the West Fargo Police Department, and their Officers and agents, and to save them harmless from any claims made by third parties against the City of West Fargo, the West Fargo Police Department, and their Officers and agents, as a result of the presence, action, or inaction, of the undersigned while participation in ride-alongs or otherwise accompanying officers and agents of the City of West Fargo and the West Fargo Police Department.

In making this RELEASE, it is understood and agreed that the parties rely wholly upon their own separate judgement, belief and knowledge of the possibility of and of the possible nature, extent, effect and duration of any injuries and the liability therefore. Further, this RELEASE is made without reliance upon any statements or representations of the party or parties released or their representatives.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made for entering into this RELEASE, and that this RELEASE contains the entire agreement between the parties.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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