



To apply for West Fargo Citizens Police Academy: Print this page. Fill in information.

Mail application to: West Fargo Police Department
Attn: Officer Rhonda Jorgensen
800 4th Ave. E., Suite 2
West Fargo, ND 58078

If you have any questions: Call: (701) 433-5500 Fax: (701) 433-5508

Name (First, Middle, Last): _____

Address: _____ **City:** _____ **State:** ___ **Zip Code:** _____

Phone: _____ **Date of Birth:** _____

Driver's License Number: _____ **State of Driver's License:** _____

Occupation: _____

Employer: _____ **Phone Number:** _____

Who to contact in case of an Emergency:

Name: _____

Relation to You: _____ **Phone Number:** _____

Please list ALL previous traffic violations, citations, and police contacts (including the Jurisdiction) that have happened in the Past 5 Years.

List Previous Addresses in the Past 5 Years.

I request an opportunity to participate in the West Fargo Citizens Academy. I further 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.

****CAUTION - READ BEFORE SIGNING****

SIGNATURE:_____

DATE:_____

PARENT OR GUARDIAN (IF UNDER 18 YOA):_____

WITNESS:_____