



# WESTWEGO POLICE DEPARTMENT

401 Fourth St., Westwego, LA 70094 (504) 341-5428 Fax (504) 304-2720

**Dwayne J. Munch, Sr., Chief of Police**



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## Westwego Police Department

### Citizen Police Academy

### Application

Name: \_\_\_\_\_

Last

First

M.

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race/ Sex \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_

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

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

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_



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## Application Verification

All applicants must be at least 21 years of age. A background check will be conducted on each applicant. The City of Westwego Police Department reserves the right to deny entry to the academy based on findings of the background check.

I verify that the information on the above application is true. I authorize the City of Westwego Police Department to conduct a background check based on this application.

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

Date: \_\_\_\_\_

## Hold Harmless Agreement

I am applying to be a participant in the Westwego Police Department's Citizen Police Academy. I understand that my participation will include classroom lectures, field trips, a ride along, etc. In consideration of my being permitted to attend the Citizen Police Academy, I agree to assume all risks associated with my participation, and release and hold harmless the City of Westwego, The Westwego Police Department, its officers and employees from and against any and all claims, damages, liabilities, costs and expenses, including attorney's fees, arising out of my participation, including without limitation any personal or bodily injuries or property damage that I may incur as a result of the actions of myself or other persons.

I agree to abide by all rules and instructions given by the officers or employees with respect to my participation.

I warrant that I am of Legal age and fully understand the foregoing terms.

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

Date: \_\_\_\_\_