

# Application for 2025 Citizens' Police Academy



Dates: January 9, 2025 through March 6, 2025 (Each Thursday)  
Times: 6:00 p.m. through 8:30 p.m.  
Location: New London Police Department and Various Locations  
Fee: None

**New London Police Department**  
5 Governor Winthrop Boulevard  
New London, CT 06320  
Phone: 860-440-6673  
<https://newlondonct.gov/police>  
[www.facebook.com/NewLondonPolice](http://www.facebook.com/NewLondonPolice)  
[cnocito@newlondonct.gov](mailto:cnocito@newlondonct.gov)

Prior to submitting your application, please be sure that you are able to commit to the Academy schedule. Class size is limited.

Applications must be received at the New London Police Department **no later than December 20, 2024 @ 1PM**

Please drop off your application at 5 Governor Winthrop Blvd., New London, CT or you may email it to Community Resource Officer Christina Nocito at [cnocito@newlondonct.gov](mailto:cnocito@newlondonct.gov)

Applicants should be at least 18 years of age.  
Selected applicants will be notified by email on or before December 30, 2024.



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email Address (Required): \_\_\_\_\_

### For use in conducting a cursory screening of the applicant:

Select One:  Driver's License or  State ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Place of Birth: City / County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**VOLUNTARY**  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Have you been or are you currently in any court action, civil or criminal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Application for 2025 Citizens' Police Academy

**Please tell us more about you:**

Adult T- Shirt Size: \_\_\_\_\_

Why are you interested in attending the 2023 Citizens' Police Academy?

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Have you previously participated in a Citizens' Police Academy Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the location and year: \_\_\_\_\_

Are you affiliated with a neighborhood association, civic group, or any volunteer activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please tell us about them: \_\_\_\_\_

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**NOTICE:** All applicants will be subject to a cursory screening. Submission of this application signifies your understanding and acceptance of these terms.

Submission of an application does not guarantee your acceptance into the Citizens' Police Academy.

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

(Applicant)

**NOTICE TO AND WAIVER BY PERSONS DESIRING TO OBSERVE AND/OR PARTICIPATE IN POLICE OPERATIONS**

**PARTICIPATION RELEASE**

For and in consideration of being given the opportunity of observing and/or participating in police operations and functions of the New London Police Department by participation in the New London Citizen's Police Academy, including but not limited to riding in cars operated by members of the New London Police Department and/or by any and all other means of observation or participation whatsoever, the undersigned does hereby:

1. Acknowledge that the activities and functions of the New London Police Department may involve risk of harm and that the undersigned has considered and understands the inherent risks of observing the work of the Police Department.
2. Waive, surrender and relinquish to the City of New London, CT any and all causes of action at law or in equity that may now or hereafter exist in favor of the undersigned against the said City of New London, its agents and employees on account of any injury to person or to property of others or of the undersigned which may arise out of the undersigned being permitted to observe police operations as above.
3. Agree to indemnify and save the said City of New London, its agents and employees from and against any and all claims, liabilities, judgments, costs and expenses on account of injury to the person or property of the undersigned which may arise out of the undersigned being permitted to observe and/or participate in police operations as above.
4. Acknowledge having read the foregoing.

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

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

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**Received by:**

**Officer:**

**Date:**

**Photo / Video Release**

The New London Police Department would like permission to release photographs/videotape of you while you are at the New London Citizen's Police Academy. These photographs/videotaping may be released to a television network, to the newspapers or for educational purposes, including the New London Police Department website (<https://newlondonct.gov/police>) and social media sites.

Your permission is required for the release of this photography/taping and/or your name. Photographs may have captions describing the photograph and the academy. With your permission these captions may include your name. Please sign and return the form below. Check each box that applies.

I give permission for the release of the following:

Photograph(s)	Video	Both	None
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I give permission for the release of my name:      Yes      No

Participant Name(print): \_\_\_\_\_

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

**\*Note - not authorizing the use of the participant's images or name will not affect the acceptance of the participant into the program\***