Application for 2023 Citizens' Police Academy

Dates: April 13, 2023 through June 15, 2023 (Each Thursday)

Times: 6:00 p.m. through 8:30 p.m.

Location: New London Police Department and Various Locations

Fee: None

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 March 17, 2023 @ 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.org

New London Police Department
5 Governor Winthrop Boulevard
New London, CT 06320
Phone: 860-440-6673
www.newlondonpolice.com
www.facebook.com/NewLondonPolice
CNocito@NewLondonCT.Org

Applicants should be at least 18 years of age.
Selected applicants will be notified by email on or before March 31, 2023.

Name:				Date of Birth:		
Address:				City:	State	
Telephone Nur	nber:	Email /	Address (Require	ed):		
For use in con	ducting a cu	rsory screening	of the applican	it:		
Select One: □D	river's Licens	e or □ State ID N	umber:		State:	
Place of Birth: C	ity / County: _			State:	Country:	
VOLUNTARY Gender:	Race:	Height:	Weight:	Eye Color: _	Hair Color:	
-	-		t action, civil or c	riminal? Yes	No	
yes, please give	details belov					

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Please tell us more about you:	
Adult T- Shirt Size:	
Why are you interested in attending the 2023 C	Citizens' Police Academy?
	olice Academy Program? Yes No
•	cion, civic group, or any volunteer activities? YesNo
f yes, please tell us about them:	
NOTICE: All applicants will be subject to a sure	ory screening. Submission of this application signifies
your understanding and acceptance of these to	
	ee your acceptance into the Citizens' Police Academy.
	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:
Receiv	red by:

Date:

Officer:

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 (www.newlondonpolice.com) 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 followin	g:		
Photograph(s)	Video	Both		None
I give permission for the	rologed of my name:	Yes	No	
rgive permission for the	release of my hame.	ies	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*