



2025 PORTSMOUTH POLICE CITIZEN ACADEMY APPLICATION



APPLICATION & WAIVER MUST BE RECEIVED BY: JANUARY 8TH 2025

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Cell#: _____ Home#: _____

SSN: _____ Driver's License#: _____ State: _____

Employer: _____

Address: _____ City/State: _____ Zip: _____

1) Why do you wish to participate in the Citizen Police Academy?

2) What do you expect to gain from attending the Citizen Police Academy?

3) Are you a retired or current law enforcement officer? Y or N (circle one).

Please list an emergency contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Upon acceptance to the Citizen Police Academy, ALL APPLICANTS are expected to maintain a high degree of professionalism while attending the various classes and events. Those that fail to maintain a professional demeanor during the academy may be asked to leave. The Chief of Police, or his designee, also retains the right to deny admission to anyone for reasons which may not be included in the list above. The Chief of Police, or his designee, also retains the right to deny admission to anyone who the Chief of Police, or his designee, believes would be detrimental to the Citizen Police Academy Program or the Law Enforcement mission of the Portsmouth Police Department.

I hereby understand and agree with the standards stated above and certify that the information contained in this application is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Witness: _____

Date: _____

PLEASE RETURN COMPLETED APPLICATION AND WAIVER TO:

PORTSMOUTH POLICE DEPARTMENT

C/O DETECTIVE ROCHELLE JONES

3 JUNKINS AVENUE

PORTSMOUTH, NH 03801

(Incomplete paperwork will not be considered)

Portsmouth Police Department
Non-Disclosure of Confidential Information and Waiver of Liability

Name: _____ Date of Birth: _____
Address: _____
Telephone Number: _____

- I. As evidenced by my signature below, I agree not to discuss or disclose any person’s personal information observed or heard while participating in the Communications Sit in Program, the Police Ride Along Program, the Police Explorer Program, the Citizens Police Academy, Internship or any other similar program by the Portsmouth Police Department. This confidentiality and non-disclosure agreement includes, but is not limited to, criminal histories, motor vehicle information or anything gained from an ongoing or past police investigation.

- II. Any breach of confidentiality or disclosure of any such information is a misdemeanor and by signing this document, I state I am fully aware of this fact and will be subject to criminal prosecution as well as possible civil liability for any such breach. I am also aware that Federal as well as State Statutes governing the privacy of an individual’s records will also be violated by such breach or disclosure.

- III. I, binding my heirs, executors, administrators and assigns, do hereby release and agree not to hold liable the City of Portsmouth, its officers, agents and employees, for any and all actions, causes of actions, claims, demands, costs or damages, both foreseen and unforeseen, arising from or resulting from property damage, personal injuries or death sustained by me or my property or any of my heirs or assigns as a result of my participation in the Communications Sit in Program, the Police Ride Along Program, the Police Explorer Program, the Citizens Police Academy, Internship or any other similar program by the Portsmouth Police Department, whether caused by negligence or an intentional act.

- IV. I understand that my participation in this program may include riding in a police vehicle with a police officer who will be responding to police calls for service and performing other police duties. I hereby agree to obey the instructions of any police officer regarding matters affecting official police business. I know that, as an inherent incident of my participation in this program, I may at times be placed in unpredictable situations, both foreseeable and unforeseeable, which may be dangerous and could lead to serious bodily injury or death, and that there is no duty on the part of the City nor any of its officers or employees to protect me from said danger.

- V. I understand that prior to participation in the program that a warrant and criminal history check will be conducted, which may reveal information that renders me ineligible for the program. I further understand that the program may be terminated at any time by the Portsmouth Police Department for any or no reason at all.

- VI. I state that I have carefully read this Release, know the contents, accept the conditions stated herein and sign my name as a free and voluntary act.

CAUTION: This is a complete release of all rights. Read carefully before signing.

Signature: _____ Date signed: _____
Witness Signature: _____
Printed name of Witness: _____

MUST ATTACH VALID PHOTO ID