



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)