



APPLICATION

**PORTSMOUTH, NH POLICE DEPARTMENT**  
**Citizen Police Academy Application**

**YOUR NAME:**

\_\_\_\_\_  
Last                                      First                                      Middle

\_\_\_\_\_  
Alias                                      Maiden Name                                      Nickname

**PRESENT ADDRESS:**

\_\_\_\_\_  
Street                                      City/Town                                      State                                      Zip

**MAILING ADDRESS:**

\_\_\_\_\_  
Street                                      City/Town                                      State                                      Zip

**HOME TELEPHONE (TO INCLUDE AREA CODE AND HOURS DURING WHICH YOU CAN BE REACHED)**

AREA CODE (     ) \_\_\_\_\_ - \_\_\_\_\_  
HOURS: \_\_\_\_\_

**WORK TELEPHONE (TO INCLUDE AREA CODE AND HOURS DURING WHICH YOU CAN BE REACHED)**

AREA CODE (     ) \_\_\_\_\_ - \_\_\_\_\_  
HOURS: \_\_\_\_\_

**CELL TELEPHONE (TO INCLUDE AREA CODE AND HOURS DURING WHICH YOU CAN BE REACHED)**

AREA CODE (     ) \_\_\_\_\_ - \_\_\_\_\_  
HOURS: \_\_\_\_\_

**E-Mail Address**

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**DATE OF BIRTH**

**PLACE OF BIRTH**

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
City, State

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYMENT (Current and Last)**

Date of Employment	Place of Employment	Full Name, Address and Telephone# of Employer	Supervisor	Position
From:	City:	Telephone#:(    )		
To:	State:			

**RESIDENCE DATA**

DATES Month, Yr.	ADDRESS Number/Street/City/State	LANDLORD/NEIGHBORS Name/Address/Phone Number
From: /	_____	<input type="checkbox"/> Landlord <input type="checkbox"/> Other 1. _____
	_____	_____
	_____	Tel.#(home/work) _____
To: /	_____	<input type="checkbox"/> Landlord <input type="checkbox"/> Other 2. _____
	_____	_____
	_____	Tel.#(home/work) _____

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## REFERENCE DATA-PROFESSIONAL AFFILIATIONS

Provide the data requested below on three (3) references, not related by blood or marriage, not former employers and not mentioned elsewhere on this form, who have known you well for at least five (5) years. These references may include but are not limited to: teachers, counselors, householders, property owners, members of the clergy, and business people.

Name: Last, First, M.I.	Residence Address	Home/Work Telephone	Occupation	Name/Address of Employer

**REFERENCE DATA--ASSOCIATES/FRIENDS**

Provide the data requested below on three (3) persons with whom you have been associated with (i.e., persons whom you have seen during the past three (3) years. Exclude persons mentioned elsewhere in this form.

Name: Last, First, M.I.	Residence Address	Home/Work Telephone	Occupation	Name/Address of Employer

**I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION IN PARTICIPATION WITH THE CITIZEN POLICE ACADEMY.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Portsmouth, NH Police Department  
**AUTHORIZATION TO RELEASE INFORMATION**

I hereby request and authorize you to furnish **PORTSMOUTH, NH POLICE DEPARTMENT** with any and all information they may request concerning my work record, educational history, military history and records, financial status, criminal record, and general reputation.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for Citizen Police Academy.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualification to serve as a participant of the Citizen Police Academy.

This information is to be considered confidential material between the Portsmouth, NH Police Department and the organization being requested to furnish the information, exclusively.

**This release will expire 120 days after the date signed.** A copy of this release shall be valid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed name of witness

Portsmouth Police Department

**Confidentiality Agreement**

***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 persons personal information observed or heard while participating in the Dispatcher 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 Dispatcher 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 my participation in the Dispatcher 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 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: \_\_\_\_\_ Printed name of witness: \_\_\_\_\_