



Portsmouth Police Department
 2270 East Main Road
 Portsmouth, Rhode Island 02871
 www.portsmouthpolicerl.com



CITIZEN POLICE ACADEMY APPLICATION

Applicant must be 18 years of age or older and live or work in the Town of Portsmouth to attend. Applicant must not have any prior felony convictions. A background check will be conducted on each applicant. The information below is required for the background check.

Name: _____
Last First MI

DOB: _____ **Age:** _____ **Gender:** M F

Driver License #: _____ **State:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (Home) _____ **(Cell)** _____

Email: _____

Occupation: _____ **Employer:** _____

1. Why do you wish to attend the Citizen Police Academy? _____

2. Have you ever been arrested? If yes, please explain. _____

3. Is there anything that you would like to see included in the curriculum of the Citizen Police Academy? _____

Please review your answers and read the statement below before signing your application.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statement and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection or dismissal from the Portsmouth Citizen Police Academy. I understand that the information contained herein will remain confidential and will be used to conduct a criminal background check by the Portsmouth Police Department. I understand that participation in the program is not intended to train citizens to be police officers. Rather, the goal and purpose of this program is to educate citizens regarding the purpose, rationale and context of police procedures. I acknowledge that I am at least 18 years of age and have not had any prior felony conviction. I understand that photographs of participants may be taken during the program. I further grant permission to the Portsmouth Police Department to use any photographs of me or my likeness, with or without associating names thereto and to publicize said photographs.

Signature of Applicant: _____

Date: _____

Completed applications can be mailed, dropped at the police station, or scanned and emailed to:

Lieutenant Michael J. Morse
Portsmouth Police Department
2270 East Main Road
Portsmouth, RI 02871

mmorse@portsmouthri.com