



CITY OF DOVER, NEW HAMPSHIRE

POLICE DEPARTMENT



Anthony F. Colarusso, Jr.
Chief of Police

2017 CITIZENS POLICE ACADEMY APPLICATION FORM

Please Print or Type:

Last Name First Name Middle Initial

Street Address City State Zip Code

Date of Birth (MM/DD/YYYY)

Home Telephone Number

Driver's License Number

Social Security Number

Occupation

Employer's Name

Employer's Address

Employer's Telephone Number

Email Address

All applicants must be at least 18 years of age and live, work or own property in Dover.

I, the undersigned, understand that a background check will be conducted on me. I also understand and agree to the fact that the Dover Police Department reserves the right to deny entry into the Citizens Police Academy based on findings of the background check and/or for any other lawful reason and is not required to disclose that reason to me.

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 Dover Police Department Citizens Police Academy. This confidentiality and non-disclosure



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agreement includes, but is not limited to, criminal histories, motor vehicle information or anything gained from an ongoing or past police investigation. 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.

Applicant's Signature

Date



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2017 CITIZENS POLICE ACADEMY WAIVER OF LIABILITY

I request to participate in the Citizens Police Academy.

Requestor's Name (Please Print): _____

Date of Birth: _____

Home Address: _____

Home Telephone: _____

For consideration in the undersigned being given the opportunity of attending the Citizens Police Academy and observing police operations and functions of the Dover Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail her/himself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the Dover Police Department from any and all liability whatsoever for any injuries, damages, and claims the undersigned, her/his heirs, dependents and assigned may sustain in any way during the course of the Dover Police Department's Citizens Academy.

I have read and understand the provisions of this waiver of liability printed above.

Requestor's Signature

Date

Received/Witnessed by: _____

Approved by: _____