



Town of Milford

POLICE DEPARTMENT

19 Garden Street
Milford, NH 03055
603-249-0630

Michael J. Viola
Chief of Police



CITIZEN'S POLICE ACADEMY APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Mailing Address: _____ Home Phone: _____

E-Mail Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

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

Employer: _____

Address: _____

Have you ever been arrested? () Yes () No

If yes, what for? _____

When? _____

Where? _____

Please briefly list or describe any civic activities/organizations you are involved in:

EQUAL AND EXACT JUSTICE TO ALL

What experience(s) have you had with Law Enforcement?

() Positive () Negative

Briefly explain:

Briefly explain your interest in the Citizen's Police Academy:

What do you expect to gain from attending the Academy?

List the person to be contacted in case of an emergency during your attendance at the Citizen's Police Academy:

Name: _____ Phone: _____

Address: _____

Relationship: _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Police Academy.

Signature

Date

Witness

Date

EQUAL AND EXACT JUSTICE TO ALL

CITIZEN'S POLICE ACADEMY ACCEPTANCE STANDARDS

Consideration for acceptance to the Citizen's Police Academy is contingent upon the applicant not:

1. Having been arrested for a criminal level offense within the last five (5) years;
2. Having been summonsed for three (3) or more Motor-Vehicle related offenses within the last three (3) years;
3. At the time of the application, being involved in a lawsuit pending against the Town of Milford, the Milford Police Department, any Officer of the Milford Police Department or any other Department of the Town of Milford;

Upon acceptance to the Citizen's Police Academy, ALL APPLICANTS are expected to maintain a high degree of professionalism while attending the various Academy 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's Police Academy Program or the Law Enforcement mission of the Milford Police Department.

I, _____, understand and agree with the standards stated above for
(Printed Name of Applicant)
consideration to be accepted into the Citizen's Police Academy.

Signature: _____

Date: _____

Dear Participant:

Enclosed are two (2) waivers, which must be signed and returned with the application. This process is necessary due to the fact that over the Academy session you will be subjected to information of a confidential nature.

To ensure that the Milford Police Department remains within the privacy and security guidelines set forth by the Federal Government, we request these forms be completed and returned. They will remain on file at the Milford Police Department.

Release of Liability

For, and in consideration of the undersigned being given the opportunity to observe police operations and functions of the Milford Police Department by riding in a vehicle operated by employee(s) of the police department and by any and all means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the Town of Milford, its officials, employees, officers, and all other personnel of the Town of Milford from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his/her heirs, dependents, and assigns may sustain in and about any patrol car or in any way during the course of observation by the undersigned of the operations and functions of the Milford Police Department. He/She also authorizes the Milford Police Department to conduct a check of any and all criminal records and incident files which may pertain to him/her.

Further, the undersigned agrees and understands that:

1. He/She will not carry or use any weapons.
2. He/She is an observer and will take no action unless so directed by a police officer.
3. He/She will stay in the police vehicle at in-progress calls.
4. He/She will not be exposed or expose themselves to any unnecessary risks or dangers.
5. He/She will maintain confidentiality of police investigations.

Approved by:

**Chief of Police
Milford Police Department**

Rider's Signature
***if under 18 years of age, must be
Countersigned by a parent or legal guardian and
notarized**

Riding Date (s)

Parent or Legal Guardian

Notary Public

Indemnity Agreement

WHEREAS, The Milford Police Department wishes to provide law enforcement training
To private citizens, and

WHEREAS, during the course of such training the recipients will have access to
documents and information declared by law to be confidential, including, without
limitation, criminal investigation reports, photographs, fingerprint cards, criminal records, and the Bureau
of Emergency Communications (9-1-1), and

WHEREAS, The Town of Milford may become legally liable for the release of confidential documents
and information, and

WHEREAS, The Town of Milford wished to obtain assurances that private citizens participating in the
volunteer training programs will not release confidential information without authorization.

NOW, THEREFORE, in consideration of the law enforcement training which the Milford Police
Department will provide, the undersigned recipient of such training agrees to indemnify the Town of
Milford and its employees for any judgment or settlement of a claim based upon the unauthorized release
or dissemination of confidential documents or information by the undersigned.

Date: _____

Training Recipient
***if under 18 years of age, must be**
countersigned by a parent or legal guardian
and notarized

Parent or Legal Guardian

Notary Public