



Bradley C. Osgood
Chief of Police

City of Concord, New Hampshire

POLICE DEPARTMENT

35 Green Street • 03301-4299

(603) 225-8600

FAX (603) 225-8519

www.concordpolice.com

Thank you for your interest in the Concord Police Department's **CITIZEN'S POLICE ACADEMY**. The goal of this program is to better inform you of the role of this agency in the community.

Please fill out the enclosed application and return it by March 23, 2020. Please direct all applications to MPO Ryan D. Howe #54 of the Community Services Division.

Some of the information you will learn, may be sensitive in nature. Therefore, it is necessary that a limited background investigation be conducted. You will find a waiver located in this package for this purpose. **THIS MUST BE COMPLETED PRIOR TO YOUR PARTICIPATION IN THIS PROGRAM.** Participants must be a minimum of 18 years-of-age at the start of the program.

It is anticipated that this program will begin on April 2, 2020 and will continue for 10 (ten) consecutive weeks, with a graduation date to be announced. The classes are going to be held on Thursday evenings from 5pm to 7pm.

Upon your acceptance in the program, you can expect an informative session examining many of the duties of the Concord Police Department. The program will consist of classroom instruction, demonstration, and trips to other organizations who are involved with the department and community.

You will be exposed to the glamour and excitement you associate with police work, along with the processes that are less glamorous, but vital to the day to day function of this agency.

Upon completion of this course, it is our hope that not only will you have a better understanding of our profession, but you will have an interest to contribute to your community by volunteering.

It is imperative that you understand this is an informational program. AT NO TIME should you act as a law enforcement official, as the information you will be learning is not designated for that purpose. It can not be stressed enough that this is an informational program only.

"Community Committed"

It is our hope that your experience with us is a positive one. Should you have any questions regarding this program, please call the Concord Police Department at (603) 225-8600. You may also direct your questions to me, Officer Ryan D. Howe of the Community Resource Unit (603) 230-3738, or email me at rhowe@concordnh.gov

Please sign one copy of this form, and return it with the application.

Sincerely,

MPO Ryan D. Howe #54

I have read and fully understand the explanation and conditions of my participation in the CITIZEN'S POLICE ACADEMY with the Concord NH Police Department.

Signature of Applicant

Date

Excluding Criteria for Attending the Citizen's Police Academy

1. No past Felony arrests or convictions, or arrests for serious/violent crimes.
2. No past violent Misdemeanor arrests or convictions.
3. No Probationers
4. No Parolees
5. No past Domestic Violence convictions
6. No extensive motor vehicle records
7. No Habitual Offenders
8. No Domestic Violence related issues i.e. restraining orders
9. Nothing suggestive of a blatant disregard for the law. Examples include but are not limited to past criminal actions (not necessarily caught for these actions), association with known criminals, association with drug related trafficking issues, or association with gangs.

If you have any of the above mentioned criteria, you will not be accepted into the program. The Chief and/or acting Chief will have full discretion of whether or not a person is accepted into the course.

RECORDS ARE KEPT ON FILE FOR LIABILITY PURPOSES AND TO CHECK ON THOSE WHO RE-APPLY. RECORDS WILL ALSO AID IN A CHECKLIST FOR THOSE ACADEMY MEMBERS WHO LATER DECIDE TO VOLUNTEER.

Please list all High Schools, Colleges, and Technical Schools Attended:

School Name	School Address	Date Attended	Graduated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you speak, read, or write any other language other than English? Yes No
If yes, please complete the following:

Language _____ Speak Read Write
Language _____ Speak Read Write

Have you ever been fingerprinted? Yes No
If yes please explain _____

Have you ever been arrested or summonsed to court for any criminal proceeding? Yes No
If yes please explain _____

Date/Offense	Location of Court	Disposition/Outcome	Police Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess a valid driver's license? Yes No
If yes _____
State Type/Class License number Expiration Date

Do you personally know anyone who is or has been employed by the Concord Police Department? Yes No
If yes please complete the following:

Name of person	How long have you know them/relationship
_____	_____
_____	_____
_____	_____

Why do you want to participate in the Concord Police Department's Citizens Police Academy?

How did you hear about the Concord Police Department's Citizen's Police Academy?

Has there been anything in your past, which you believe may disqualify you from participating in the Citizen's Police Academy? Yes No If yes please explain.

Do you have any Law Enforcement experience? Yes No If yes please explain.

**My signature indicates that the previous information was given in accuracy to the best of my knowledge.

Signature

Print Name

Date



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Concord Police Department whether said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorized release will be considered in determining my suitability for participation in the CITIZEN'S POLICE ACADEMY. I also certify that any persons, agencies, or businesses, who may furnish such information concerning me, shall not be held accountable for releasing said information, and I do hereby release said persons, agencies, or businesses, from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original, even though said photocopy does on contain an original signature.

Signature (include maiden name)

Address

Phone/Cell phone

Date of Birth

Social Security Number

Subscribed and Sworn to before me this _____ day of _____, 20____

By _____
Justice of the Peace/Notary

Commission Expires _____