



Waterville Valley
 Department of Public Safety
CITIZEN PUBLIC SAFETY ACADEMY
 APPLICATION FORM
(Please Print Clearly)

DATE: _____

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____

HOME ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE: _____ WORK: _____ OTHER: _____

DATE OF BIRTH: _____ OCCUPATION: _____

DO YOU HAVE A DRIVERS LICENSE OR ID? _____ STATE: _____ LICENSE #: _____

EMAIL ADDRESS: _____

The Citizens Public Safety Academy provides an exciting opportunity for community members to learn more about the roles and responsibilities of the Department of Public Safety. Students will learn from our public safety personnel on such topics as Patrol Procedures, Firefighting Techniques, Emergency Medicine, Criminal Investigations, Fire Suppression, Officer Safety, The Use of Deadly Force and more. It is designed to give the participants an overview of the various aspects of the Waterville Valley Department of Public Safety’s function and operational procedures. The Academy is 8 consecutive weeks meeting one evening a week from 6:00-9:00pm. Locations and times may vary depending upon the course instruction. Applications are accepted on a continuous basis.

QUALIFICATIONS:

- Minimum age of 16 years (parent or guardian consent required).
- Live or work in the Waterville Valley area.
- No felony convictions.

A background check may be performed to confirm eligibility. Class size is limited to 20 participants. Acceptance is based upon qualifications, background. There is no cost to participate.

Complete the 2-page application.

1. Tell us how you found out about the Waterville Valley Public Safety Academy:

2. Describe why you're interested in attending the Citizens Public Safety Academy:

3. Describe any experience(s) – positive or negative – you have ever had with the Waterville Valley Department of Public Safety:

4. Have you ever attended a Citizens Academy? Where and When:

You are not required to attend all sessions. A Certificate of Completion and special recognition will be given to participants that attend all sessions.

By signing, you acknowledge that all the information you have provided is accurate and true.

Date: _____

Signature: _____

(If signing consent for a minor, please print your relationship to minor)

RETURN YOUR COMPLETED APPLICATION TO: WATERVILLE VALLEY DEPARTMENT OF PUBLIC SAFETY, Chief David Noyes, 14 TAC Lane Waterville Valley, NH 03215 or Fax (603)-236-2056. If you need more information, call (603) 236-8809.

Visit us at: www.wvpublicsafety.com