

**CITIZEN'S POLICE ACADEMY**  
**Tiverton Police Department**  
20 Industrial Way  
Tiverton, RI 02878

**Authorization for Release of Personal Information**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Tiverton Police Department, whether the said records are of a public, private, or confidential nature.

The intent of the authorization is to give my full consent for full and complete disclosure of: record of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Tiverton Police Department to consider in determining my suitability for admittance into the Tiverton Police Citizen's Police Academy.

It is my specific intent to provide access to personal information, however, personal or confidential it may appear to be and the sources of information specifically enumerated above is not intended to deny access to any record not specifically identified therein.

I understand that any information obtained by a personal history background check which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for admittance into the Tiverton Citizen's Police Academy. I have had explained to me, and fully understand that the refusal to grant this authorization will constitute a basis for rejection of my application.

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the City/Town of \_\_\_\_\_ and County and State aforesaid, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally came \_\_\_\_\_, and made oath/affirmation.

Commission expiration date: \_\_\_\_\_

NOTARY PUBLIC

## Tiverton Citizens' Police Academy 2019

Dear Sir or Madam:

I am pleased to announce the 7<sup>th</sup> session of the Tiverton Citizens' Police Academy. This session will commence on February 6, 2019. The sessions generally last about 12 weeks and meet once a week.

Attached to this letter, you will find the application as well as a background check release form. Please complete these forms and submit them to me no later than January 25, 2019. The background check release form must be completed and notarized. NO EXCEPTIONS. Applications that do not have the release form attached will not be accepted or reviewed.

Thank you for your interest in our program.

Respectfully,

Lt. Daniel Raymond  
TPD CPA Coordinator

# Tiverton Police Department

20 Industrial Way  
Tiverton, RI 02878  
401-625-6722

## CITIZENS POLICE ACADEMY REGISTRATION FORM

### **PURPOSE:**

To provide the citizens of Tiverton an opportunity to learn about the Tiverton Police Department and its mission, and to understand the tasks performed by the officers of the Tiverton Police Department.

### **TOPICS MAY INCLUDE:**

The history and structure of the department, community policing, radio communications and the 911 system, search and seizure, the elements of crimes and laws of arrest, crime/accident scene investigation, patrol procedures and traffic stops, use of force, juvenile justice, DUI investigation, firearms simulation, elderly affairs, and domestic violence

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I understand that the Tiverton Police Department Citizens Police Academy will meet for a period of 12 weeks. Participants who attend 80% of the sessions will receive a certificate of completion.

**ALL APPLICANTS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK PRIOR TO ACCEPTANCE INTO THE ACADEMY**

Having read and understanding the conditions, I, \_\_\_\_\_, the undersigned, agree to same.

**X:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Polo Shirt Size: (Circle One): S M L XL XXL XXXL

The completed application maybe mailed or dropped off at the station. The address is:

Tiverton Police Department  
c/o Tiverton Citizens' Police Academy  
20 Industrial Way  
Tiverton, RI 02878

*ALL APPLICANTS WILL BE INFORMED OF THEIR APPLICATION STATUS.*

**ALL APPLICATIONS ARE DUE BY: January 25, 2019**

(Applications received after this date will be reserved for the following academy)

**For further information, please contact**  
**Lieutenant Daniel Raymond – [draymond@tivertonpoliceri.com](mailto:draymond@tivertonpoliceri.com)**  
**Chief Patrick Jones – [pjones@tivertonpoliceri.com](mailto:pjones@tivertonpoliceri.com)**  
**(401) 625-6717 – (401) 625-6716**