



***SOUTH BERWICK POLICE DEPARTMENT***

***COMMUNITY POLICE ACADEMY***

*2024*

*Application for Participation*

Please type or print:

NAME: \_\_\_\_\_

HOMEADDRESS: \_\_\_\_\_

LIST ANY OTHER NAME(S) USED: \_\_\_\_\_ Sex: \_\_\_ Race: \_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DRIVER'S LIC. #: \_\_\_\_\_ STATE: \_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME-PHONE: \_\_\_\_\_ MESSAGE-PHONE: \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION / TITLE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CRIMINAL HISTORY: Have you ever been arrested and convicted of a crime other than a traffic infraction? NO \_\_\_ YES \_\_\_ If YES, please explain on next page.

Please list a personal reference (NOT a relative):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

If you are currently active with any neighborhood, community or civic organization, please list below:

\_\_\_\_\_

ATTACH ON A SEPARATE SHEET A SHORT STATEMENT AS TO WHY YOU DESIRE TO ATTEND THE COMMUNITY ACADEMY \*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED \*

CRIMINAL HISTORY:

If you have been arrested and convicted of any felony and/or misdemeanor crime, please list below the crime, date and location of occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT MUST BE AT LEAST 21 YRS. OLD AND HAVE NO PRIOR FELONY CONVICTIONS OR MISDEMEANOR ARRESTS WITHIN THE PAST 5 YEARS PRIOR TO THE ACADEMY.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the importance of my commitment to attend all classes of the Community Police Academy. I understand and accept that to continue and graduate from the Community Police Academy, I can not miss more than 1 class. I acknowledge that the South Berwick Police Department reserves the right to rescind my enrollment at anytime during the course of the academy.

I understand that I must notify the Academy Advisor if I am contacted by any law enforcement officer for any reason during the course of this academy.

\_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_ DATE

RETURN COMPLETED APPLICATION TO: South Berwick Police Department- Community Police Academy - 1 Farmgate Road, South Berwick, Maine 03908 Phone: (207)384-2254

Questions may be directed to Sgt. Jeffrey Pelkey at the above number or by email to [jpelkey@sbpd.us](mailto:jpelkey@sbpd.us)

---

**Office Use Only**

You will be advised by email of your application status.

DATE REC: \_\_\_\_\_ DATE BACKGROUND COMPLETED: \_\_\_\_\_

BY \_\_\_\_\_ ACCEPTED: \_\_\_\_ YES \_\_\_\_ NO / REASON:

\_\_\_\_\_ DATE NOTIFIED: \_\_\_\_\_

via \_\_\_\_ LETTER \_\_\_\_ PHONE BY WHOM: \_\_\_\_\_

**South Berwick Police Department**

**COMMUNITY POLICE ACADEMY Background Release**

**Background Investigation**

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant in the South Berwick Police Department "Community Police Academy", I hereby authorize the South Berwick Police Department to conduct a criminal history background investigation.

I understand that all available police and criminal records will be checked by this department and will be used to determine my eligibility for the Community Police Academy. All information will remain confidential as required by the State of Maine and Federal statutes.

Release Form

The undersigned, in consideration for the privilege of being a participant in the Community Police Academy and recognizing that such activity involves certain inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with the participation of the Community Police Academy.

The undersigned for him/herself, legal representatives, heirs, and assigns does hereby release and discharge the Town of South Berwick and the Police Department of South Berwick, its officers, agents and employees from any liability for any loss or damage or any claim or damages resulting from my participation in the Community Police Academy on account of any injury to my person or property whether caused by negligence of the Community Police Academy, its officer, agents, and employees, or otherwise, while I am participating in the Community Police Academy.

The undersigned hereby agrees to indemnify, defend and hold harmless the Town of South Berwick and Police Department of South Berwick, its officers, agents and employees from any and all claims, losses, damages, causes of action, liability, including all expenses of litigation for injury to myself or any person or loss of property arising out of my participation in the Community Police Academy.

The Town of South Berwick and the Police Department of South Berwick does not provide participants in the Community Police Academy with any type of health insurance. Neither the firearms familiarization nor the emergency vehicle operation familiarization in this academy guarantees or certifies proficiency in the use of any firearm or motor vehicle. In addition, the firearms training does not make a student eligible to obtain a concealed weapon permit.

Applicant Name: \_\_\_\_\_ PRINT \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ PRINT SIGNATURE: \_\_\_\_\_

RETURN THIS FORM WITH THE APPLICATION

**South Berwick Police Department**

**COMMUNITY POLICE ACADEMY**

**2024**

***Release***

Photo Display/Model Release

I grant the Town of South Berwick Police Department and The Town of South Berwick the right to print, publish, broadcast, and/or televise any or all photographic or video images of myself taken by the South Berwick Police Department Community Police Academy, or its designated agent, for use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the Town of South Berwick and the Police Department of South Berwick of any and all future claims and rights to these images.

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

RETURN THIS FORM WITH THE APPLICATION