



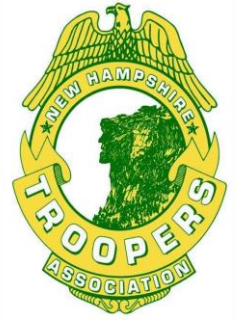
New Hampshire Police Cadet Training Academy

(A program sponsored by the NH Troopers Foundation, Inc.)

Mailing Address: NHPCTA, PO Box 4234 Concord, NH 03302

Phone: (603) 276-4113

Website: www.nhpcta.org Email: nhcadetacademy@gmail.com



<u>Academy Commander</u> Sergeant Justin D. Rowe	<u>Assistant Commanders</u> Lt. Anne Gould-Leadership Academy Vacant- Advanced Academy Chief Samuel W. Frank II- Basic Academy Det. Jaclyn McIver- Basic Academy	<u>Academy Coordinator</u> Lt. (Ret) Pierre Pouliot
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DO NOT RETURN THESE INSTRUCTIONS WITH YOUR APPLICATION PACKET

All youth and parents must read the following instructions before completing the application packet. The packet entails several forms and requires substantial information. No packet will be accepted without complete information.

- A. The packet consists of: registration form; medical forms; release and waiver of liability form; NHPCTA Staff Member's endorsement page; release to provide contact information to NHTI; release to use the Cadets' picture in releases or the web site. Additional forms that can be uploaded separately are the application for tuition assistance for the Cadet Academy.

1. Form Completion-

The enrollment form **must** be fully completed with all signatures and information in place. Missing information will cause the application to be returned or an incorrect shirt size to be issued. Please write legibly, especially when writing out the e-mail address. Cadets age 18 or older are not required to have a parent signature.

All information for the medical form is required. No missing information is allowed. If the parents have chosen not to have their child immunized, please note that on the form. A medical exam must have been completed within the past 365 days. A Camp and Sports Physical Exam print out from the providers system will be acceptable in place of the Physical Application page. **Parents with questions about medical conditions may contact the Staff Nurse – Janine Riley at 603-477-9555 or bdjd@comcast.net.**

Applicants **must meet** with a NH Police Cadet Training Academy staff member to be interviewed prior to acceptance. **Failure to obtain and submit the NHPCTA Staff Member Endorsement Form will cause the application to be returned.**

The two release forms are at the discretion of the parents. Not signing or submitting the releases will not affect the application status.

B. Any Cadet/family needing assistance with the \$200 fee should complete the tuition assistance application, which can be obtained by contacting the Academy Commander, Sgt. Justin Rowe at (603) 276-4113 or by email: nhcadetacademy@gmail.com. The form must be complete to be considered.

C. Payment-

- a. A payment of **\$200** by check or money order, or printed receipt of an on-line payment must be included in with the application. **(Checks made payable to: NH Troopers Foundation, Inc.)**
- b. Payments will be returned if a Cadet withdraws prior to the time the enrollment numbers are committed to the host and food service provider, usually two weeks before the Academy starts. Administrative costs will be deducted from the refund. Fees and costs, as well as declined enrollment will be assessed for payment with a bad check.

D. Confirmation - an email will be sent to the address provided on the application with confirmation material attached to the email. ***This is the only notice you will get so do not lose it.*** It should be reviewed by the parents and Cadet.

List of items not allowed at the Academy.

We have found it is easier to tell Cadets what can't be brought. The list is as follows:

1. No Electronics. If it has an on/off button, it is not allowed. **This includes cell phones.**
2. No Food. Cadets may not have anything that enters the body other than medications that will be given to the nurse.
3. No weapons of any kind. This list includes firearms and knives of any kind, etc.
4. No Pornography of any type.
5. No books, magazines or other reading or entertainment material.
6. No Illegal drugs of any kind, alcohol and tobacco. All prescription and over the counter medications will be turned into, and administered by the nurse. Again, if you can put it into your body and it isn't given to you by the Academy Nurse or Academy Food Staff personnel, it cannot be brought.

A complete packing list of required gear and equipment will be sent with the confirmation packet when an applicant is accepted into the program.

If you have any questions or need further information, please feel free to contact the Academy Commander, Sgt. Justin D. Rowe at nhcadetacademy@gmail.com, or me through any of the methods listed above. Thank you.

Respectfully,



Pierre Pouliot
Lieutenant (Ret.)
Academy Coordinator

2020 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY

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REGISTRATION APPLICATION
2020 Session, June 20 to June 26, 2020
Graduation – June 26, 2020 at 4:00.p.m.

IT IS ABSOLUTELY IMPERATIVE THAT ALL INFORMATION REQUESTED BELOW IS SUPPLIED WITH THE RETURN OF THE APPLICATION. Incomplete applications may cause an unnecessary delay, which may result in the applicant being denied or rejected. Applications are on a first come- first serve basis.

Review the enrollment instructions prior to completing this enrollment packet. This form may be copied.

ENROLLMENT FEE- \$200 MAKE ALL CHECKS PAYABLE TO: NH Troopers Foundation, Inc.
(INCLUDE PRINTED RECEIPT IF PAID ON-LINE BY CREDIT CARD)

Forward all forms and payments to: **NHPCTA**
PO Box 4234
Concord, NH 03302

NAME: _____ DATE OF BIRTH: _____
(As it should appear on the graduation certificate) (Must be between 14-20 years old on registration day)
MAILING ADDRESS: _____ E-MAIL: _____
CITY/TOWN: _____ STATE: _____ ZIP CODE: _____ Telephone (____) ____ - _____
Gender: _____ Parent(s) Approval (signature): _____ T-Shirt Size (S-XXL) _____

Questions should be directed to the Academy Commander, Sgt. Justin Rowe, at nhcadetacademy@gmail.com.

Check the session applying to:

- _____ BASIC SESSION (100 Cadets accepted)
- _____ ADVANCED SESSION (30 Cadets accepted) - Basic Year attended _____
- _____ LEADERSHIP SESSION (16 Cadets accepted) - Advanced Year attended _____

I wish to attend the 2020 session of the New Hampshire Police Cadet Training Academy. Enclosed is payment for \$200.00, which will cover the cost of rooms & meals, notebooks, classroom materials, hat, t-shirt and other needed supplies and equipment. I understand if I do not complete the program all issued equipment will remain the property of the New Hampshire Police Cadet Training Academy.

Applicant's Signature: _____

LEADERSHIP and ADVANCED classes will report on Saturday, June 20, 2020 at 9:00 a.m. BASIC Cadets will report on June 20, 2020 at 9:30 a.m. to the NH Technical Institute 31 College Drive Concord, NH.

THE NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY RESERVES THE RIGHT TO REFUSE ANY APPLICATION.

NHPCTA
Parental Consent and Release Form
Medical Update and Permission

RN initials _____

INSTRUCTIONS: This form will be provided to the doctor or medical personnel to whom your cadet is taken in the event of a medical emergency while at the NHPCTA. Please complete **ALL SECTIONS** completely and as accurately as possible.

Cadet's Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____
Street Town State Zip

MD Name: _____ Phone: _____

EMERGENCY CONTACTS - PARENT(S)/GUARDIAN (P/G) or OTHER EMERGENCY CONTACT (at least 2)

1. P/G Name: _____ Phone: _____
Work: _____ Cell: _____
2. P/G Name: _____ Phone: _____
Work: _____ Cell: _____
3. Other Contact Name: _____ Phone: _____

CHECK ANY THAT APPLY

My Cadet has:

_____ No health problems

_____ A health issue or need which may need consideration while at the NHPCTA (Examples: bee, food, drug, or environmental allergies, chronic illness/problem such as: **Asthma, Diabetes, Seizures, Mental Health Issue**). Explain below.

_____ **Allergy:** _____

[] Cadet requires Benadryl/Diphenhydramine only

[] Cadet requires Epi-Pen

_____ **Asthma:**

[] Cadet requires inhaler

[] The inhaler medication is _____ and should be used as follows:

Time: _____ Dose: _____

Time: _____ Dose: _____

_____ **Diabetes:**

[] Cadet requires Insulin (Must have current insulin MD orders attached)

_____ **Seizures:**

[] Cadet requires Diastat or Nasal Midazolam (Must have current MD order attached)

_____ **Mental Health Issue: (Example: History of Anxiety, Depression, PTSD, Bipolar)**

(Explain): _____

*****ALL OF THE ABOVE REQUIRE A CURRENT EMERGENCY MEDICAL CARE PLAN ATTACHED*****

_____ **Other** (Explain): _____

[] My Cadet will need other medication while at the NHPCTA and I will deliver it to the **NURSE** in the original labeled container to be taken as follows: (Use separate paper if more than one)

Medication Name: _____ Dose: _____ Time(s): _____

Date of last Tetanus shot: _____

PARENTAL AUTHORIZATION

You have my permission to assist/supervise my cadet in taking the medications listed/checked above. I understand that a nurse, advisor, or other responsible adult designated by the Commander *may* carry my cadet's medication. In case of medical emergency, in the event I cannot be reached, I authorize the NHPCTA, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my cadet by or under the supervision of a duly licensed doctor, dentist or surgeon, or other health care professional.

Parent/Guardian Signature: _____

Date: _____

NHPCTA

NHPCTA Parental Consent and Release Form

Please read the entire form and sign on both sides. If there is anything about this form or the activity described that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.

I, _____, am the parent or guardian of
 _____, who desires to participate in the following: **2020 NHPCTA week.**

Print
 Print

Date of Activity: **June 20 -26, 2020**

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my cadet's involvement and consent to my cadet's participation in the above described activity. By signing this form you, as the parent or guardian, are acknowledging that your cadet will be involved in these activities and will be following all rules and regulations of the NHPCTA (even if student is 18). If your cadet violates NHPCTA rules and behavior warrants it, you will be responsible for coming to pick your cadet up. Should your cadet's behavior be such that EMS or Local Law Enforcement need be contacted that will happen and you will be required to pick your cadet up at your expense as well. Any damage to the Academy will be the direct responsibility of the parent/guardian of the cadet involved.

Parent or Guardian: _____ Date: _____
 Signature

Insurance Information

Is the participant covered by family medical/hospital insurance? ____ Yes ____ No

If so, indicate carrier or plan name _____ Group # _____

Over-the-Counter Medications

NHPCTA has my permission _____
 (Parent/Guardian)

to assist my cadet _____ in the administration of the following over-the-counter medications, if needed while at the Academy:
 (Name of Cadet)

(Yes)	(No)	Medication	Dose
		Acetaminophen/Tylenol	As recommended for age/weight
		Ibuprofen/Advil	As recommended for age/weight
		Antacid/Tums	As recommended for age/weight
		Diphenhydramine/Benadryl	As recommended for age/weight
		Cough Drops	As directed on label
		Anti-itch cream	As directed on label
		Antibiotic cream	As directed on label
		Orajel	As directed on label
		Sunscreen	As directed on label

I authorize the NHPCTA to assist my cadet in taking prescribed medication and the Over the Counter Medications listed above, and agree that I/we will not hold liable any member of the Academy staff or an individual of official capacity who is directed by me to assist my cadet, in the taking of medication or side effects that may occur from administration of above medications and treatments. All health information must be current and up to date with appropriate documentation given to the Academy for review prior to attending this Academy.

 Parent/Guardian Signature:

 Date

**NHPCTA
PHYSICAL EXAMINATION FORM
(To Be Completed by Physician)**

Name: _____ Date of Birth: _____

List Any Routine Medications Currently Taking:

List Any Medication Allergies Here: _____

**** PLEASE ATTACH A COPY OF ALL IMMUNIZATIONS ****

HEALTH HISTORY (give dates):

Allergy _____ Heart Disease _____
 Epi-Pen Required _____ Hospitalizations _____
 Serious Injuries _____ Orthopedic _____
 Ear Infections _____ Transplants _____
 Concussion _____ How Many _____ Length of Treatment _____ Current Status _____
 Seizure Disorder _____ Emergency Medication _____
 Diabetes _____ Treatment _____
 Asthma _____ Inhaler _____

*****AN EMERGENCY ACTION PLAN IS REQUIRED FOR: ASTHMA, DIABETES, SEIZURE AND ALLERGIES*****

PHYSICAL EXAM:

Normal _____

Exceptions/abnormalities _____

Vision		Blood Pressure		O2 Saturation	
Corrective Lenses		Heart Rate		Height	
Hearing		Respirations		Weight	
Hearing Aids/FM System		Temperature			

DEVELOPMENTAL:

Normal _____ Delayed _____

Recommendation regarding medical/developmental needs:

MAY PARTICIPATE IN (Strenuous physical activity, marching, hiking, athletic competitions, exposure, fatigue, highly elevated stress levels):

ALL FORMS OF ATHLETICS FOR ONE CALENDAR YEAR: YES ___ NO ___

ANY RESTRICTIONS:

COMMENTS

DATE OF EXAM: _____ PHYSICIAN SIGNATURE _____

PHYSICIAN NAME _____

PHYSICIAN ADDRESS: _____ PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE _____

****THIS FORM IS ONLY VALID ONE YEAR FROM DATE OF EXAM****

NHPCTA
Prescription Self Medication Order and Permission Form
(For Healthcare Provider use)

THIS SECTION TO BE COMPLETED BY PARENT:

I give my permission for _____ to release information to the NHPCTA
(Name of Physician)
concerning medication prescribed to my cadet, _____ D.O.B. _____
(Name of Cadet)
Date _____ Signature of parent/guardian _____

Please return to the NHPCTA Nurse to be faxed to the Physician

****TO BE COMPLETED BY PHYSICIAN ONLY****

(A separate form is needed for each prescription)

Per ED311.02 (e) (1) a-1 the following information must be entirely completed.

Medication _____

Directions _____

(Including frequency, time given, route of administration, and dosage.)

Beginning Date _____ Ending Date _____

Diagnosis/Reason for prescription _____

Specific recommendations for administration and/or special side effects, contraindications and adverse reactions to be observed _____

Print Name of Physician/Provider _____

Signature of Physician/Provider _____

Address _____

Phone Number _____ Emergency Phone# _____

Date _____

****Permission for Self-Administration of Inhalers, Epi-Pens, and Diabetes Insulin Only****

I _____ authorize _____ be allowed to self-administer
(Print Name of Physician) (Print Name of Cadet)
_____ while at NHPCTA. This cadet may carry the medication on their person.

Date: _____

Physician Signature _____

(Please Note: In addition parents must complete a Medication Administration Request and Consent Form. This form does NOT require physician/ provider signature.)

NEW HAMPSHIRE TECHNICAL INSTITUTE CONTACT INFORMATION

The Administration of NHTI would like to develop a list of Cadets who attend the New Hampshire Police Cadet Training Academy so that after high school graduation, they may contact you as a prospective student with enrollment information as well as track Cadet Academy graduates who matriculate into their academic programs. If you wish to allow us to share your child's (or your information if you are 18 years old or older) please complete the attached form and submit it with your enrollment packet.

Cadet Name: _____ Age: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____

Current High School: _____

Anticipated Year of Graduation: _____

I authorize the Program Coordinator of the New Hampshire Police Cadet Training Academy to share my (or my child's) contact information with the Administration of the New Hampshire Technical Institute for recruitment and enrollment tracking purposes.

Cadet or Parent signature if less than 18 years old: _____

Date: _____

2020 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way, in any event, in any activity, at any time, during the current NH Police Cadet Training Academy, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that:

(a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“Risks”);

(b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW;

(c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the New Hampshire Troopers Foundation, Inc. and the New Hampshire Police Cadet Training Academy, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

2020 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
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PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18) AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

2020 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY
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RELEASE OF INFORMATION

During the course of the week of the NH Police Cadet Training Academy is in operation we are occasionally visited by members of the print, television and other media agencies requesting to do a story on our program. We also take pictures of the Cadets for use on our website www.nhpcta.org, as well as promotion of other programs of the NH Troopers Foundation, Inc.

The Cadet Academy also maintains a Facebook page and posts highlights of the day's activities. The Facebook page is also used to promote the program and encourage others to attend.

By affixing a signature on this form parents of Cadet under age 18, or Cadets age 18 or older, hereby give permission for their child's name, age, hometown and/or image to be used by visiting media and for internal use by the Staff of the NH Police Cadet Training Academy and the NH Troopers Foundation, Inc. or his designee.

Cadet's Name: _____ Age: _____

Hometown: _____

Parent Signature (required for all Cadets under age 18): _____

Cadet Signature (all Cadets regardless of age): _____

Date: _____

2020 NEW HAMPSHIRE POLICE CADET TRAINING ACADEMY

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NHPCTA STAFF MEMBER ENDORSEMENT FORM

The applicant presenting this form to you is applying for enrollment to the 2020 session of the New Hampshire Police Cadet Training Academy to be held June 20 - 26, 2020.

A requirement of enrollment is that the Cadet must meet with and be interviewed by a member of the NH Police Cadet Training Academy staff. We encourage you to invite the parents of Basic Session applicants to join the applicant during the interview. The staff member must sign this form endorsing the potential Cadet's application. A list of staff is included in this packet.

By signing this form you are confirming that you have met with the applicant and,

- A. You have explained and the applicant understands that Cadet Academy is a para-military style program patterned similar to the police recruit academy.
- B. The applicant understands the rules and expectations of an academy environment
- C. While we do not teach intricate details of our job, we do provide a greater exposure than the average student will receive and it is appropriate for the applicant to be exposed to those topics.
- D. The applicant is freely applying to the program and is not under orders, court sentence or other forced instructions to apply.
- E. The applicant is a good fit for the program and the program is a good fit for the applicant. This includes no contact for serious crimes, crimes against person or drug offenses.

Further, by signing the form, you ***are not***:

- A. Accepting any financial responsibility for the applicant.
- B. Accepting any insurance or medical liability for the applicant.
- C. Agreeing to accept the applicant to any affiliation with your agency, paid or volunteer.

If you have any questions regarding the structure or format of the New Hampshire Police Cadet Training Academy, please visit our web site at www.nhpcta.org, or contact the Commander, Sgt. Justin Rowe, at nhcadetacademy@gmail.com.

NHPCTA STAFF MEMBER ENDORSEMENT

I verify that I have met and interviewed _____ who is applying to 2020 New Hampshire Police Cadet Training and endorse his/her application.

Staff Member's Signature

Department/Agency

Date

***** THIS FORM NEEDS TO BE SUBMITTED AS LISTED ON THE INSTRUCTION SHEET *****

NH Police Cadet Training Academy Staff Members (2020)
Please contact a staff member to complete Endorsement Form

<i>Staff Member</i>	<i>Department</i>	<i>Phone # (all 603)</i>	<i>Email</i>
Lieutenant Dawn Shea	Allenstown Police Department	485-9500	dshea@allenstownnh.gov
Chief Sam Frank	Canaan Police Department	523-7400	sfrank@canaanpolice.com
Officer Melissa Hetrick	Dublin Police Department	230-3759	Melissahetrick73@gmail.com
Officer Jacqueline Pelletier	Goffstown Police Department	563-8411	jpelletier@goffstownnh.gov
Officer Amanda Perry	Grafton County Probation & Parole	787-6900	amandaperry@doc.nh.gov
Deputy Peter Chierichetti	Grafton County Sheriff's Office	787-2111	pchierich@mail.plymouth.edu
Officer Amanda Smith	Manchester Police Department	792-5759	Asmith1@manchesternh.gov
Sergeant Peter Beede	Moultonborough Police Department	476-2400	pbeede@moultonboroughnh.gov
Detective Jaclyn McIver	Nashua Police Department	594-3561	mciverj@nashuapd.com
Officer Joshua Fisher	Newbury Police Department	763-4104	jfisher@newburypd.org
Commander Justin Rowe	NH State Police		nhcadetacademy@gmail.com
Trooper Christopher Ball	NH State Police	223-4381	christopherball@dos.nh.gov
Lt (Ret) Pierre Pouliot	NHPCTA Coordinator		ppouliot@goffstownnh.org
Officer Jill Carroll	Plymouth Police Department	536-1804 x 157	jcarroll@plymouthpd-nh.org
Lieutenant Anne Gould	Rochester Police Department	330-7148	Anne.gould@rochesternh.net
Officer Kyle Danie	Rochester Police Department	330-7111	Kyle.danie@rochesternh.net
Sergeant Valerie Crone	Sutton Police Department	927-4422	cronespd@gmail.com
Sergeant Jamie-Lynn Sheehy	Tamworth Police Department	3238581	Jamie.sheehy@tamworthpd.org
Nurse Janine Riley		477-9555	bdjd@comcast.net