

PUBLIC SAFETY ACADEMY

Ndme:	PSA ID	#:
School Year:	Counselor Name: _	
Check One	e: 🗌 Explorer Post 🗌 Junior Program	m 🗌 Cadet Program
Type of Service (check all	that may apply): 🗌 Law Enforcement	t 🗌 Fire Department 🗌 EMS Agency
Name of Department / Ag	gency:	Town:
Name of Explorer	Post, Junior Program or Cadet Program	Coordinator / Contact Person:
Name:	Title:	
Telephone Number or E-Mc	ail Address of Coordinator / Contact Per	rson:
elective in accordance with Fi In order to ensure accurat	h the guidelines set forth in the Public So ield Experience in Public Safety program te record keeping, it is the responsibility on all incident, training and activity repo	of the student to ensure that his or her
will be attached to all co	ardian will complete the standard CREC pies of this form, as from time to time, st nel may need to communicate regardi program.	
will be attached to all co above and PSA personr Signatures:	pies of this form, as from time to time, st nel may need to communicate regardi program.	taff of the program or agency named ing the student's participation in the
will be attached to all con above and PSA personn Signatures: Student Signature:	pies of this form, as from time to time, st nel may need to communicate regardi program. Printed Name:	taff of the program or agency named ing the student's participation in the : Date:
will be attached to all con above and PSA personn Signatures: Student Signature: Parent / Guardian Signature	pies of this form, as from time to time, st nel may need to communicate regardi program. Printed Name:	taff of the program or agency named ing the student's participation in the : Date: Date:
will be attached to all con above and PSA personn Signatures: Student Signature: Parent / Guardian Signature Explorer Post / Junior Progra	pies of this form, as from time to time, st nel may need to communicate regardi program. Printed Name: e: Printed Name:	taff of the program or agency named ing the student's participation in the Date: ordinator:

Agency. A copy of the CREC FERPA release is to be attached to all copies of this document.

This form is to be completed and delivered to all necessary recipients no later than September 30 for those sworn-in prior to that date, and within two weeks of having been sworn in, if sworn-in after September 30.