

# HULL POLICE DEPARTMENT RAPE AGGRESSION DEFENSE CLASS (RAD) APPLICATION

Thank you for your interest in the Hull Police Department Rape Aggression Defense Systems Class (RAD). Rape Aggression Defense is a Basic Physical Defense Class for women only sponsored by our Department for our community. The Rape Aggression Defense Systems requires a significant commitment on the part of its participants, consisting of four (4)-three (3) hour evening class sessions held one evening a week for four (4) weeks. Officer Wendy Cope-Allen will be the primary instructor for this training. Certificates, T-shirts and a learning experience are guaranteed to all successful participants. Seating is limited, to reserve a seat, please fill out and sign this form, then drop it off at the Hull Public Safety Dispatch Center at 1 School Street, or mail to Officer Wendy Cope-Allen at the Hull Police Department, 1 School Street Hull MA 02045. A minimum of twelve (12) applicants is required to run a class.

**APPLICANT QUALIFICATIONS:** Applicants must be Town of Hull residents with no felony convictions. The Police Chief or his designee may accept persons with misdemeanor convictions to the RAD Class after review of their record and background. Applicants with misdemeanor convictions involving assaults, violence, or domestic violence, etc., would not likely be accepted. The Police Chief or his designee reserves the right to deny any application at his discretion. All applicants shall be subject to a background investigation to determine if an applicant is a suitable person to attend the **Rape Aggression Defense Systems Class (RAD)**.

**INSTRUCTIONS:** This application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not applicable indicate N/A. If space is not sufficient for complete answers, or if you wish to furnish additional information you may attach sheets the same size as this form, and reference the answers to correspond with question and section number. Applications that are not complete, accurate, or legible shall not be considered.

1. Last Name:		2. First Name:		3. Middle Initial:	
4. Residential Address (Street, City/Town, Zip):			5. Home Telephone:		
6. Date of Birth:	7. Place of Birth	8. Mother's Maiden Name:		9. Fathers Name:	
10. Employed By:			11. Occupation:		
12. Employment Address:			13. Employment Telephone:		
14. Social Security Number: (Optional)		15. Are you a Citizen of the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Naturalized, Date & Place:			

15. Briefly explain why you wish to enroll in Hull's Rape Aggression Defense System Class:	
16. Class sessions will be held one night a week for 3 hours each for 4 weeks. Will you be able to fulfill this commitment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I understand that the Hull Police Department will conduct a standard background check using the information that I have provided in this application. All information obtained is strictly confidential and will be discarded at the completion of the background check. I hereby declare the above answers are true and complete to the best of my knowledge and belief, and I understand that any false, inaccurate or incomplete answers will be just cause for denial of my application and/or my immediate termination from the Citizen Police Academy.	
Signed: _____	Date: _____

<b>FOR DEPARTMENT USE ONLY</b>	
Background Complete: YES <input type="checkbox"/> NO <input type="checkbox"/>	Criminal Record: YES <input type="checkbox"/> NO <input type="checkbox"/>
Comments:	
Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	Recommended: YES <input type="checkbox"/> NO <input type="checkbox"/>
Class Attending & Dates:	Approval & Recommendation by: