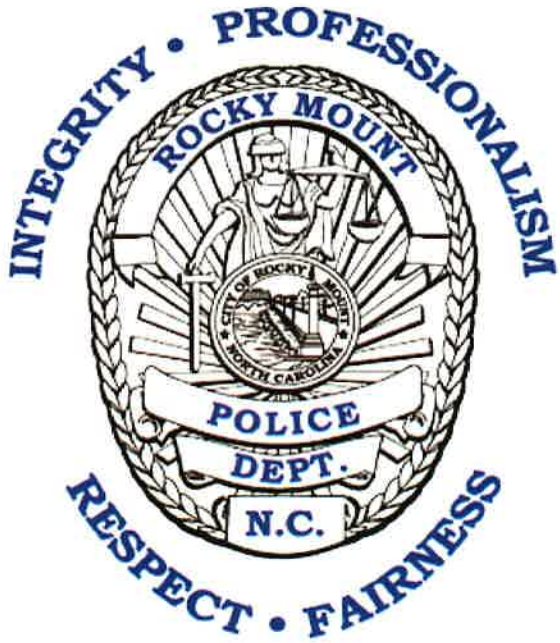
ROCKY MOUNT

POLICE DEPARTMENT



Core Values
Rocky Mount Police Department

JUNIOR POLICE ACADEMY

APPLICATION

Never has the security of young people been more uncertain. Violence and lawless behavior among youth have left law enforcement searching for solutions. The Junior Police Academy (JPA) provides an innovative approach to escalating youth violence. This program can revolutionize a young person's perception of the police, the community, and themselves.

The Junior Police Academy provides young people with information about their local law enforcement agency through education and awareness. This program brings together students and police officers in a safe and fun environment to inspire solid values.

The Junior Police Academy is designed to prevent public misunderstanding about police functions, build a stronger relationship between the youth and the police department, provide youth the opportunity for feedback and suggestions, increase youth support and awareness about police operations through education and exchanging of ideas and create responsible, well-informed young people who influence public opinion on police practices and services.

Modeled after similar programs developed in the United States and Canada, the Rocky Mount Junior Police Academy is a means to reach out to young people. It is a week long program for junior and senior high school students between the ages of 13 to 18 years of age. This mini-course is held Monday through Friday from 8am until 4pm for one week during the month of June and July. The program is delivered through basic classroom presentations, demonstrations, competitions and practical exercises. Some of the topics covered during the Junior Police Academy include crime scene investigation, domestic violence, report writing, physical fitness, gang prevention, drug awareness, canine techniques, graduated licensing laws, provisional dwi, and texting and driving. Also included is a fatal vision driving course, a mock teen court trial and an opportunity to ride with a patrol officer. The final day of the program ends with a graduation ceremony in which certificates of completion are awarded to all of the youth who have attended 80 % of the program. For more information about the Junior Police Academy, call (252) 972-1436.

Mail all applications to:

Rocky Mount Police Department
Junior Police Academy Program
Post Office Box 1180
Rocky Mount, N.C. 27802

Or faxed to: *(252) 972-1399*

Rocky Mount Police Department

Junior Police Academy
Application

PLEASE PRINT OR TYPE.

First Name	Middle Name	Last Name

Drivers License or Identification Number	State	Class of License (if applicable)

(Current Mailing Address)	City	State	Zip Code

(Current Physical Address) Street	City	State	Zip Code

School Name (2014-15 SchoolYear)	Grade Level (2014-15 SchoolYear)

Occupation (Give past or current)	Employer	Number of Years

Home Telephone Number	Home E-mail Address

List any special areas of interest that you may have in law enforcement.

List the reason(s) why you wish to attend the Junior Police Academy.

Shirt Size: (Circle one of the below)

Adult: Small Medium Large X-Large 2X-Large

Circle the session would you like to attend.

Session 1: June 23-27, 2014 Session 2: July 28-August 1, 2014

Have you been charged or arrested by a law enforcement officer? _____Yes _____No If Yes, give the date(s) and explain.

Do you have any physical limitations or restrictions? _____Yes _____No If Yes, please describe.

List 3 personal references (include complete names, addresses along with city state and zip code, and telephone number.)

Name	Address	Telephone Number

Name	Address	Telephone Number

Name	Address	Telephone Number

Give the name, the relationship, address, and telephone number of a person to contact in case of an emergency.

Name	Relationship	Address	Telephone Number

****

I certify that all the information I have provided is true and valid and I understand that any misstatement of material facts in this application will be cause for disqualification from participation in the Junior Police Academy program.

Applicant Signature	Date

Signature of Parent or Guardian (for applicant is under 16)	Date

Rocky Mount Police Department
Junior Police Academy
Personal Health History

PLEASE PRINT

Name _____ Date of Birth _____ Age _____

Name of Parent/Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

Check all items that apply, past or present, to your health history and provide explanation for any item that you checked:

___ Food Allergies
___ Medicine Allergies
___ Insect Allergies
___ Plant Allergies
___ High Blood Pressure
___ Asthma
___ Cancer/leukemia
___ Seizures
___ Diabetes
___ Physical Disabilities
___ Heart Disease
___ Hemophilia
___ Kidney Disease
___ Other

Explain: _____

List any medications: _____

List any conditions that may affect or limit full participation in strenuous physical activities:

_____

List any medically-prescribed equipment that you require: _____

Immunizations Up-to-date: ___ YES ___ NO Date of last Tetanus Inoculation: _____

Name of Personal Physician _____ Phone _____

Health/Accident Insurance Carrier _____ Policy No _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or injury in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature _____ Date _____
(*Parent or Guardian,* ***or Participant*** *over age 18)*

Print Name _____

ROCKY MOUNT POLICE DEPARTMENT
Junior Police Academy Program

Liability Release, Acknowledgement, and Assumption of Risk
(For Persons Under 18 Years of Age)

I, _____ (*Parent/Guardian*) of _____ (*Participant*), Age _____, understand that participation in this program involves the risk of injury. I understand that the above said minor will be participating in various activities with the Rocky Mount Police Department, and that he/she may be exposed to some danger due to the nature of law enforcement. I hereby release the City of Rocky Mount and the Rocky Mount Police Department from all liabilities for any accidents or injuries incurred during the time the above said minor is participating in the program with the Rocky Mount Police Department.

By signing this form, I acknowledge all risks of injury and death and affirm that I am willing to assume responsibility for the above said minor should injury or death result from them. The above said minor will be responsible to follow all rules and procedures of the program and to follow the reasonable instructions of the Police Officers and supervisors of the program.

Furthermore, in return for the opportunity for the above said minor to participate in this program, I agree for myself, my heirs, assigns, executors and administrators to waive any legal rights I may have to seek payment of any kind from the City, its employees or its agents for bodily injury or death of above said minor resulting from this program. This waiver and release applies to injuries from all causes and includes all payments or legal remedies I may be entitled, unless if the injury or death of the above said minor were to be caused by the negligence of the City, its employees or its agents.

I understand that no insurance coverage is provided by the City of Rocky Mount. I have read and understand all the provisions in this participation release.

_____ _____
Signature of Parent/Guardian *Date*

_____ _____
Signature of Program Coordinator *Date*

_____ _____
Signature of Chief of Police *Date*

Talent Release Form

I consent and agree that my talent/picture may be used by the City of Rocky Mount and may be published or reproduced in newspapers, magazines or other print media, social media, or broadcast on television in promotion of the City's activities. I waive any claim, demand or cause of action of any kind whatsoever against the said City of Rocky Mount arising out of such recording or such using of my talent and/or pictures.

Name/Date_____

Signature_____

Phone:_____