Westerville Division of Police Youth Police Academy

Orientation: July 7, 2018 at 10:00 a.m. City of Westerville Council Chambers

Academy: July 9-13, 2018

WPD: 4:00 p.m. to 9:00 p.m.

Graduation: July 14, 2018 at 6:00 p.m. Westerville Community Center



The Westerville Division of Police Youth Police Academy provides young adults with a realistic view of law enforcement and careers in the field. The experience begins with the application process and, if accepted, continues with participation in a week long academy. If you have any questions about the academy or need any assistance with the application process, please contact:

Officer John Jeffries - Westerville Division of Police (614) 901-6472 or Westerville Division of Police Community Services Bureau (614) 901-6860

Applicant's Name	
(Last, First Middle)	
Due by: JUNE 1st, 2018	
Please turn the entire packet back in when completed	
**School Resource Officer signature	

Who can participate and what are the requirements?

- Any student who is at least 14 (and completed the eighth grade) and not yet 21 years old
- Cadets must have a minimum cumulative GPA of 2.0
- Cadets must possess good moral character
- Cadets must have an acceptable legal and driving history (If applicable)
- Cadets must agree to MANDATORY ATTENDANCE EVERY DAY of the academy
- Cadets and a parent/guardian **MUST ATTEND** an informational meeting prior to the academy. That meeting will be held at city of Westerville City Council Chambers- **21 South State Street on Saturday, July 7th 2018 at 10 a.m**.

Applicants are required to submit copies of the following:

- Driver's license, state or school I.D. with this application
- Copy of your most recent grade card that shows your cumulative GPA
- Letter of Recommendation from a school administrator, teacher, guidance counselor, manager or clergy

THIS QUESTIONNAIRE AND THE ABOVE DOCUMENTS MUST BE RETURNED TO THE WESTERVILLE DIVISION OF POLICE BY JUNE 1st, 2018 AT THE FOLLOWING ADDRESS:

Westerville Division of Police Attn: Community Services-Youth Police Academy 29 South State Street Westerville, Ohio 43081

The Westerville Division of Police reserves the right to suspend or terminate the participation of any student who engages in unsafe, insubordinate, or illegal behavior at any time prior to or during the Youth Police Academy.

INSTRUCTIONS: Please read

- 1. Read and answer each question carefully, even if it is redundant. If the question does not pertain to you, write "NA" in the appropriate space.
- 2. All answers shall be printed clearly <u>in your own handwriting. DO NOT TYPE.</u>
- Answer every question completely. If the space allotted for the question is insufficient, use the additional space provided at the end of the questionnaire. Be sure to include the number of the question and maintain the same question and answer format if supplemental answer space is used.
- 4. Applicants are required to thoroughly complete the Emergency Contact Information.
- 5. If under 18 years of age, applicants and their parent(s)/guardian(s) are required to sign the *Permission to Conduct a Background Investigation* form in this application. If 18 years of age or older, applicants do not need parental signature.
- 6. If under 18 years of age, applicants and their parent(s)/guardian(s) are required to sign the *Waiver*, *Hold Harmless and Release* form. If 18 years of age or older, applicants do not need parental signature.

Westerville Division of Police Youth Police Academy

Rules and Regulations

- You must conduct yourself in a responsible, professional manner at all times.
- You may not participate in any type of illegal activity. If it is determined you have participated in illegal activity, you will be removed from the academy during or prior to.
- You are NOT permitted to use tobacco products while at the academy.
- While at the police department you may come into contact with privileged information. You must keep all of this information confidential.
- No weapons are permitted at the academy.
- Uniforms will be worn in an appropriate manner.
- Your academy identification card will be worn on a lanyard around your neck.
- Cell phones must be turned off while at the academy.

APPLICANT INFORMATION

2. Current Address No. Street Apt City County State Zip Home Phone / Cell Phone Family email address 3. Current Vehicle Operator License or ID No. State / Expiration Date 4. Social Security Number 5. Date of Birth: Month Day Year Age 6. Adult Men's T-Shirt Circle one - S M L XL XXL (Khaki slacks w/ tennis shoes are to be worn every day to the academy and supplied by the student. T-shirt will be issued by the police department. 7. List any school related extra-curricular activities you are involved in (e.g. band sports. etc.) 8. List any non-related school activities you are involved in (e.g. church, scouts, sports etc.) 9. Are you considering a career in law enforcement? Yes or No Explain, in your own words, why you have applied for the Youth Police Academy at the Westerville Division of Police:	1.	Last Name	F	irst Name _		Middle	
3. Current Vehicle Operator License or ID No	2.	Current Address No	;	Street			Apt
3. Current Vehicle Operator License or ID No		City	_ County _		State	Zip	
3. Current Vehicle Operator License or ID No		Home Phone		/ Cell Ph	one		
 Current Vehicle Operator License or ID No		ranniy eman address _					
 Social Security Number	3.	Current Vehicle Operation	tor Licens	e or ID No.			
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EDUCATION HISTORY

	List the school you currently attend:
	School Location
	From: Month/Year To: Month/ Year
	G.P.A Current Grade Level
_	School references (teachers, counselors, etcinclude phone numbers)
	List below any other middle/high schools you attended: School Location From: Month/Year To: Month/ Year G.P.A School references (teachers, counselors, etc.)
	School Location From: Month/Year To: Month/ Year G.P.A
	School references (teachers, counselors, etc.)
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2.	List below any honors or awards you have received:
	Were you ever expelled or suspended from any elementary, middle, or high school
	If yes, specify when, where, and reason:
	List all school-related disciplinary action, including academic probation, that has occurred.

EMPLOYMENT HISTORY

15. In chronological order, list your employment history. Begin with your present employer and continue listing **all** places previously employed.

Present Employer		Telephone No	
Immediate Supervisor			
Telephone No.			
Address No Street			
City Street From Month/Day/Year	County	State	Zip
From Month/Dav/Year		To Month/Dav/Year	
Position		Hours _	
Duties and responsibilities			
Reason for leaving			
Previous Employer			
Immediate Supervisor			
Address No.			
Telephone NoStreet _ Address NoStreet _ City	Country	Ctata	7:
City	_ County _	State	_ZIP
i ioiii wolilii/Day/ i cai		_ 10 Month/Day/16ai	
Position			
Duties and responsibilities			
Reason for leaving			
Previous Employer			
Immediate Supervisor			
Telephone No Street _			
Address No Street _	0	01-1-	7:
City From Month/Day/Year	_ County _	State	. ZIP
Position		Hours _	
Duties and responsibilities			
Reason for leaving			

LEGAL HISTORY

16. The criminal history of an applicant **will not** necessarily exclude him/her from the Westerville Police Youth Academy. However, the failure to report such a background will be cause for immediate removal. Due to the nature of the program, it is important the Westerville Division of Police know the type of individuals representing the department.

Have you ever been arrested? Have you ever been a suspect in a crime? Have you ever received a traffic citation? Have you ever received a criminal citation? Have you ever been questioned by police anytime?	YES YES YES YES YES	NO NO NO NO	N/A N/A
Provide all relevant details, including date, agenc circumstances (Include everything, omit nothing)		olved, a	nd

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Westerville Youth Police Academy, I hereby authorize the Westerville Division of Police to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Police Academy. I understand that all available police and criminal records will be checked and that the information will be used solely in determining eligibility of applicants for the Youth Police Academy.

Print Name (Last)	(First)	(Middle)	
Signature of Applicant		_	
Parent Name (Last)	(First)	(Middle)	
Parent Signature		_	
Date			

WAIVER, HOLD HARMLESS, AND RELEASE

I, on behalf of myself, my heirs, executors, administrators and assigns, hereby waive, hold harmless and release the City of Westerville, the Westerville Police Department, Explorer Post #29, the Westerville Citizen's Police Academy Alumni Association, and any affiliates, agencies and employees thereof, specifically including any and all police officers or personnel, from any causes of action, charges, demands, or claims of any kind whatsoever or of any nature for injury to the person or damage to the property, that have arisen or may arise from participation in activities offered, attended, and conducted.

I understand that the activities conducted are voluntary, and participation in the activities provides personal and physical benefit, education, learning, recreation, and enjoyment. I understand that the activities include, but are not limited, activities that may have any or all of the following characteristics:

- A) Intense physical exertion, exercise and activity
- B) Strong physical contact, including self-defense, counterattack, and restraint maneuvers
- C) Use of heavy equipment and vehicles, including emergency response vehicles
- D) Indoor and/or outdoor activities with exposure to the elements and nature
- E) Property damage, including property in possession of, or contact with, a person
- F) Independent activity without direct supervision immediately-present
- G) Observation of video and/or real life situations that may include physical violence, harmful injury or death, vulgar language, or mature subjects such as drug use or nudity

I understand the circumstances described above may occasionally occur as unexpected consequences of observing videos or being present in emergency response and/or law-enforcement situations.

Having fully read and understood the likely activities and consequences of possible injury or damage that may occur, I have no knowledge of a pre-existing medical condition that would prevent participation in the activities or cause injury or damage, and I knowingly and voluntarily consent to participate in the activities offered, conducted, and attended. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability that may be attributable to the City of Westerville, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

Participant's Printed Name	Participant's Signature	Date
I am the parent and/or guardian of the above waiver, hold harmless and release, I have no prevent participation in the activities or caus release on my and their behalf.	o knowledge of a pre-existing med	ical condition that would
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date

AUTOBIOGRAPHY

INSTRUCTIONS: Provide a detailed written history of your life. Follow the instructions carefully. <i>There are no exceptions.</i>	
a. Print in your own handwriting.	
b. Use black ballpoint pen, no pencil.	
c. Sign your autobiography by using your normal signature.	
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EMERGENCY CONTACT INFORMATION Primary Contacts

Parent/Guardian Name		
Address		
City	State	Zip
Phone Number		, ,
Cell Phone/Pager		
Parent/Guardian Name		
City	State	Zip
Phone Number		
Cell Phone	V	/ork
The following designated indi	ividuals may act	on behalf of the parent/guardian in
case of emergency where the		
information must be filled out	before your chi	ld can participate in the Youth Police
Academy. Thank you for you	r cooperation.	
Alternate Contact 1		
		Relationship:
Address		
City	State	Zip
Phone Number		21P
Cell Phone/Pager		
3		
Alternate Contact 2		
Name		_Relationship:
Address		
City	State	Zip
Phone Number		·
Cell Phone/Pager		
Our family physician is		
Address		Phone
Medical Coverage Company		
Exp. Date	Policy Number _	
Telephone number that I can	be reached at _	
Alternate number that I can b	e reached at	
Signature of parent/quardian		Date
Name		Date
Address	Citv	Zip

My child has the following physical or mental disabilities, special medical needs, allergies and/or is taking the following prescribed medications:			
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