

## **Teen Police Academy**

The Teen Police Academy is a special program that gives children ages 13 – 17 an opportunity to learn about the Springfield Police Department by participating in activities at the Springfield Police Academy, 3501 Color Plant Road.

The program will operate August 1 through August 3, 2017 from 6:00 p.m. to 9:00 p.m. Applications can be obtained by visiting the Springfield Police Department at 800 E. Monroe, or by contacting the Springfield Police Academy at (217) 788-8415.

Applicants must not have been arrested, charged, or under investigation for any misdemeanor or felony criminal violations, or crimes of moral turpitude. Any applicant who has an outstanding warrant will be disqualified.

Academy staff members are not licensed to administer any types of medications to attendees. It will be the responsibility of the parent/guardian to administer the medication at the time it is prescribed to be taken.

### **Instructions for completing the applications:**

- Print all information clearly.
- Complete all blanks on the form. Place a “N/A” on items that do not apply.
- Complete to the best of your ability a short paragraph on why you wish to attend this program. Use a separate sheet of paper, if needed. Include some reasons why you should be considered for the program (role model to others, leadership abilities, etc.)
- Provide names of two persons that may be contacted for emergency purposes.
- Have your parents/guardian approve your application and participation in the program by filling out the additional forms, and signing the bottom of the application.
- If you have any questions you may call the Springfield Police Academy at (217) 788-8415.

# SPRINGFIELD POLICE DEPARTMENT TEEN POLICE ACADEMY

## APPLICATION

NAME		DATE OF BIRTH /AGE
ADDRESS	CITY/STATE/ZIP CODE	HOME PHONE
PARENT OR GUARDIAN'S NAME	WORK PHONE	CELL PHONE
EMERGENCY CONTACT #1 - <u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER/CELL PHONE</u>
EMERGENCY CONTACT #2 - <u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER/CELL PHONE</u>
SCHOOL CHILD ATTENDS	GRADE LEVEL	

Please explain briefly why you would like to attend the Teen Police Academy.

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Please list any clubs, groups, organizations you may belong to or are affiliated with, also list any awards or recognitions you may have received.

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Do you have any medical conditions that would prohibit you from participating in physical activity? If so, please list in detail and attach doctor's note.

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Do you have any allergies to medications, food, bee or wasp stings, etc? If so, please list any allergies you have and what happens to you if you are exposed to these items.

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Have you ever been arrested or convicted of a crime? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, on a separate sheet of paper, please explain details of offense/crime, date of crime and location where the crime took place.

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Incomplete applications will not be processed.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the forgoing statements and answer to questions. I understand that my omission or false statements on this application will be sufficient cause for rejection for enrollment or dismissal from the Junior Police Academy. I also understand that the Springfield Police Department may complete an investigation on any information provided and may ask for personal references.

The Springfield Police Department does not discriminate on the basis of race, color, national or ethnic origin, sex, disability, veteran status or age in the administration of its educational programs and admission policies.

Applicants Signature	Date
Parents/Guardian Signature	Date

Please return to:

Springfield Police Academy  
Training Staff  
3501 Colorplant Road  
Springfield, IL 62701

Hours: Monday-Friday (8:00 a.m. - 4:30 p.m.)

## **Waiver and Release (Minor Child)**

I the undersigned, as the parent or legal guardian of the below named minor child, in consideration for said child being granted permission to participate in the 2017 Springfield Police Department Teen Police Academy, do hereby waive all claims and agree to release and hold harmless the City of Springfield, Illinois, its officers, employees, agents and volunteers, from any and all liability of whatever nature, for any injuries or damage which said child may receive while participating in the 2017 Springfield Police Department Junior Police Academy, from any cause whatsoever. This waiver of liability includes, but is not limited to, any injury or damage resulting from the acts or omissions by the City of Springfield, its officers, employees, agents and volunteers. This waiver and release shall apply to any right of action that might accrue to myself, my family, my heirs and personal representatives. Further, I specifically agree to assume all risks encountered in the course of the aforementioned activities and I am fully aware that personal risk or injury may be involved.

The undersigned hereby certifies that he/she has read the above Waiver and Release Agreement and fully understands it.

DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

PRINTED NAME OF PARENT OF GUARDIAN: \_\_\_\_\_

PRINTED NAME OF THE MINOR: \_\_\_\_\_