



2017

Henrico County Police  
Youth Police Academy  
Application Package



## **Goal and Mission Statement**

The primary objective of the Youth Police Academy is to educate and inform youth participants about the many aspects of police work. The academy is designed to give the participants exposure to various police situations, and to explain how and why officers respond to and handle different situations. This will be accomplished through both classroom instruction and practical exercises that will allow them to assume the role of an officer and be evaluated on how they handle different situations. In addition, they will be exposed to the adult and juvenile criminal courts.

The academy will give the participants the opportunity to see the benefits of public service and learn about challenges and demands associated with Law Enforcement as a profession. Participants will learn about special units and what their responsibilities are, and how they work together with the patrol officers.

We believe the academy will be an enjoyable introduction to policing and its vital role within our community. Our participants will gain a better understanding of law enforcement and the incredible risks and responsibility our officers accept in keeping all citizens safe.

The ultimate goal of the Youth Leadership Academy is to improve the relationships between law enforcement and youth, while exposing them to a possible future career in law enforcement.

**Our week long Academy will be held starting on Monday, June 19, 2017. It will conclude with a graduation ceremony catered lunch on Friday, June 23, 2017. Each day will begin at 9AM and conclude at 4PM.**

## **ACADEMY TOPICS**

Overview of Patrol Operations and procedures, Traffic Stops, Traffic Crash Investigations, Forensics and Crime Scene Investigations, Police Simulator, DUI Investigations including practical exercises, Building Searches, Hostage Negotiations, and Domestic Violence Investigations. In addition, there will be an overview of Non-Lethal Weapons with demonstration of the TASER, and Support Operations with demonstrations from ERT, and the K9 unit. There will also be a tour of the Henrico Jail facility and an observational visit to the Henrico County Courts. The week will conclude with each participant running the Division obstacle course.



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Participant Application



**Application Deadline is May 30, 2017 at 4:00pm**

Return Completed applications to: Henrico Police, Community Services Unit  
Attention: Lieutenant Cindy Wood  
P.O. Box 90775, Henrico, VA 23273

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**APPLICANTS MUST BE BETWEEN 15 AND 17 YEARS OLD, RESIDE IN HENRICO COUNTY, ATTEND A HENRICO COUNTY SCHOOL, AND PASS A CRIMINAL BACKGROUND CHECK**

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Applicant: \_\_\_\_\_

Last Name                                      First Name                                      M.I.                                      DOB

Address: \_\_\_\_\_

Driver's License# \_\_\_\_\_ (if applicable)

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

School attending with current grade \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone **(REQUIRED)** \_\_\_\_\_

Name: \_\_\_\_\_ Phone **(REQUIRED)** \_\_\_\_\_

References: 1. Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_



**Special Accommodations and Medications:** If the participant requires one of the following, check the appropriate box(es) AND call 501-4800 no less than ten working days prior to the activity.

Special accommodations due to a disability     Medication required during program (under age 18)

**Photographs:** Staff may take photos/video for publicity or departmental purposes.

If you **do not** want pictures of you or your child taken initial here \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_



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**Assumption of Liability:**

I understand that this program may involve strenuous physical activity and that risk of physical injury is inherent in this academy activity. In consideration for participating in this program and academy activity, I agree to assume the full risk of any injuries, including death, damage, or loss. I further understand that Henrico County, its officers, agents, and employees are not liable for any injuries that may result from the negligence of persons conducting this academy program. I understand that this agreement constitutes an assumption of risk and release for any injury, including death, damages, or loss. The terms hereof shall serve as a release and assumptions of risk for my heirs, executors, and administrators. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their academy activities. I have read this agreement and agree to the conditions stated above. If the participant is under 18 years of age, parent or legal guardian must sign this release.

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Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required

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Date

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Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required

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Date



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**EMERGENCY MEDICAL TREATMENT FORM**

**TO: EMERGENCY ROOM MEDICAL STAFF**

My child, \_\_\_\_\_, has my permission to participate in the Henrico County Police Youth Police Academy. In the event of an illness or injury to my child, while participating in this program, I consent to X-ray examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone (REQUIRED) \_\_\_\_\_

\_\_\_\_\_  
Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required Date

Name: \_\_\_\_\_ Phone (REQUIRED) \_\_\_\_\_

\_\_\_\_\_  
Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required Date

**FAMILY PHYSICIAN INFORMATION**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

