

## 2019 Henrico Youth Police Academy Application Package

### *Goal and Mission Statement*

The primary objective of the Henrico Youth Police Academy is to educate and inform youth participants about the many aspects of police work. The academy is designed to give participants exposure to various police situations, and to explain how and why officers respond to and handle various situations. This will be accomplished through both classroom instruction and practical exercises, upon which students will 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 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 police units and how each works with patrol. They will gain a better understanding of law enforcement and the incredible risks and responsibilities officers accept in keeping all citizens safe.

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

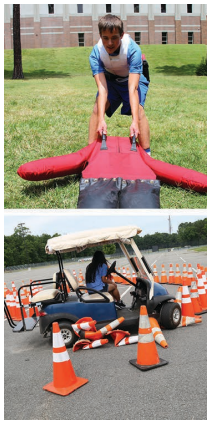
***Return this completed Henrico Youth Police Academy package by July 30, 2018, to:***  
*Henrico Police, School Services Unit*  
*Attn: Sgt. Karen Furgurson*  
*P.O. Box 90775, Henrico, VA 23273*

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**This week-long academy will be held starting Monday, August 19, 2019. It will conclude with a graduation ceremony and catered lunch on Friday, August 23, 2019. Each day begins promptly at 9 a.m. and concludes at 4 p.m.**

### *Academy Topics*

- Overview of Patrol Operations & Procedures
- Traffic Stops
- Traffic Crash Investigations
- Forensics and Crime Scene Investigations
- Police Simulator
- DUI Investigations
- Building Searches
- Hostage Negotiations
- Domestic Violence Investigations
- Non-Lethal Weapons Overview
- TASER Demonstration
- ERT Demonstrations
- K9 Demonstrations
- Henrico Jail Tour
- Henrico County Courts Observational Visit
- Basic Training Obstacle Course



# 2019 HENRICO YOUTH POLICE ACADEMY



## Participant Application

**Applicants must be 15-17 years old; reside in Henrico County; attend a Henrico County school; and pass a criminal background check. *Application Deadline: July 30, 2019.***

### Applicant Information

Applicant \_\_\_\_\_

Last Name	First Name	M.I.	Date of Birth
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Address \_\_\_\_\_

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

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

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

Henrico School Attending and Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_

### Emergency Contact Information

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

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

### Personal References

#### Reference 1

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

#### Reference 2

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

### Special Accommodations and Medications

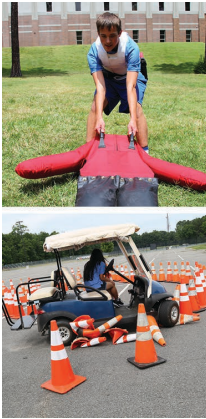
If participant requires one of the following, check the appropriate box(es) AND call 804-641-6439 no less than 10 working days prior to the start of the academy:

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

### Photography

Henrico Police staff may take photos/video for publicity or departmental purposes.

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



*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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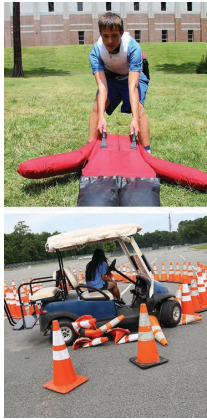
**Date**

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

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**Date**



# 2019 HENRICO YOUTH POLICE ACADEMY



## *Emergency Medical Treatment Form*

### **TO: EMERGENCY ROOM MEDICAL STAFF**

My child, \_\_\_\_\_, has my permission to participate in the Henrico County 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 \_\_\_\_\_





# HENRICO COUNTY POLICE DIVISION

## Waiver of Civil Liability (ride-along/observer)

HCPD-006A (01/13)



Date: \_\_\_\_\_

In consideration of the County of Henrico, Police Division, granting me permission to accompany a member of the Police Division, County of Henrico as an observer for the following dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby waive any and all claims and demands, of whatever nature, which I have or may hereafter acquire against the County of Henrico, its Police Division, and any or all of their servants, agents, and/or members as a result of my voluntary participation in the ride-along/observer program on the date and time specified above. I further agree to comply with all rules of the ride-along/observer program and any instructions or orders issued by members of the Police Division in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.

WITNESS	RIDE-ALONG/OBSERVER
Division member: _____	Print name: _____
Code #: _____	Signature: _____
Signature: _____	Address: _____
Date: _____	City, state, zip: _____
<b>COMPLETE BELOW IF REQUESTEE IS UNDER 18 YEARS OF AGE</b>	
Signature of parent or guardian: _____	
Date: _____	
Dated this _____ day of _____ (month and year) in the County of Henrico, Virginia.	

**\*\*This waiver must be in the hands of the Chief of Police (or his designee) before the above named person will be allowed to act as an observer\*\***