





#### YOUTH CITIZENS POLICE ACADEMY

#### **Application for Admission**

All applicants must be between 13 and 17 years of age. Any incomplete and/or unsigned application will not be considered. This document is a public record and the information may be released by the police department without your further consent. Please type or print all information.

#### **APPLICANT INFORMATION:**

| Name:             |               |                | Nickname:     |        |
|-------------------|---------------|----------------|---------------|--------|
| Last              |               | Middle         |               |        |
| Address:          |               |                |               |        |
|                   |               |                |               |        |
| Telephone: Home   |               | _ Cell         |               |        |
| Date of Birth://  | Driver's I    | icense Number: |               | State: |
| School Attending: |               |                | Grade:        |        |
| PARENT/GUARDIAN   | NINFORMATION: |                |               |        |
| Name:             |               |                | Relationship: |        |
| Address:          |               |                |               |        |
| Home Phone:       | Work Phone    | e:             | Cell Phone:   |        |
| E-mail address:   |               |                |               |        |
| Name:             |               |                | Relationship: |        |
| Address:          |               |                |               |        |
| Home Phone:       | Work Pho      | ne:            | Cell Phone:   |        |
| E-mail Address:   |               |                |               |        |

B.P.D. Justice Center - PIE 3730 Appling Road Bartlett, TN 38133 901-385-5510

#### **EMERGENCY CONTACT INFORMATION:**

The following designated individuals may act on behalf of the Parent/Guardian in case of emergency in the event that the Parent/Guardian cannot be reached. This information must be completed in order for your child to participate in the Youth Citizens Police Academy.

| Name:      |            |                                 |                                    |         | _ Relationship:  |                 |            |
|------------|------------|---------------------------------|------------------------------------|---------|------------------|-----------------|------------|
| Address: _ |            |                                 |                                    |         |                  |                 |            |
| Home Phor  | ne:        | W                               | ork Phone:                         |         | Cell Pho         | one:            |            |
| Name:      |            |                                 |                                    |         | _ Relationship:  |                 |            |
| Address: _ |            |                                 |                                    |         |                  |                 |            |
| Home Phor  | ne:        | W                               | ork Phone:                         |         | Cell Pho         | one:            |            |
|            |            |                                 | conditions                         |         | prescription     |                 |            |
|            | ain why    |                                 | attend the Bart<br>cted to attend: | lett Yo | outh Citizens Po | lice Academy a  | and what   |
|            |            |                                 |                                    |         |                  |                 |            |
|            |            |                                 |                                    |         |                  |                 |            |
|            |            |                                 |                                    |         |                  |                 |            |
|            | •          | ciations, club<br>ou have recei | _                                  | ons th  | at you belong t  | o. Also, please | e list any |
|            |            |                                 |                                    |         |                  |                 |            |
|            |            |                                 |                                    |         |                  |                 |            |
|            |            |                                 |                                    |         |                  |                 |            |
| How did yo | ou hear al | bout the You                    | th Citizens Poli                   | ce Aca  | ndemy? (Check    | one)            |            |
| City of    | Rartlett k | orochure                        | newsnaner/                         | ΓV/rac  | lio fam          | ily/friend      | other      |

## Please review your answers carefully and read the statement below before signing this application:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Bartlett Youth Citizens Police Academy. I further understand that the Bartlett Police Department will be conducting a thorough background investigation that may include, but is not limited to, a criminal history, employment history, and personal reference check.

I authorize any individual, company, organization, or institution to release to the Bartlett Police Department any and all information concerning this application. I hereby release all parties and individuals connected therewith from all liabilities and for any damages whatsoever incurred for furnishing that information.

I also understand that any student will be expelled from the Bartlett Youth Citizens Police Academy if said student is disruptive or otherwise interferes with the presentation of this program. I understand that all applicants will be accepted or rejected upon the sole discretion of the Chief of Police or his designee.

In case of a sudden illness or other serious medical emergency, if I (the undersigned parent/guardian) cannot be reached, I authorize a member of the Bartlett Police Department to take the appropriate action in seeking medical attention.

I consent and authorize the City of Bartlett to record my likeness and/or voice for the use by television, film, radio, or printed media to further promote the programs of the City of Bartlett and the Bartlett Police Department.

| Signature of Applicant   | Date Signed   |
|--|---|
| Signature of Parent/Guardian   | Date Signed   |
| A one year eligibility roster for future Y maintained if the number of applications rece | outh Citizens Police Academy classes will be eived exceeds the current class limits.  |
| Please return this completed application to:   | Bartlett Police Department<br>3730 Appling Road<br>Bartlett, TN 38133<br>901-385-5510 |
| For Citizens Police Academy staff use only:  |   |
| Received By:   | Date:   |
| Disposition: Accepted/Rejected Date:   |   |
| Applicant Notified By:   | Date:   |
| Signature:   | Date:   |

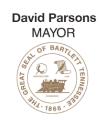






### Hold Harmless Agreement

| l,h                               | nereby release, discharge, and agree  |
|-----------------------------------|---|
|                                   | artlett Police Department, its officers,  |
| . ,                               | any and all liability, claims, demands,   |
| • 1                               | resent or future, whether known or  |
| • •                               | anticipated, which may occur as the   |
|                                   | ation in the Youth Citizens Police  |
| <b>,</b> 1 <b>,</b>               | nder circumstances in which that  |
|                                   | property damage or loss is caused in  |
|                                   | tion, inaction, or negligence of the  |
| released parties to the fullest e | extent of the law.  |
| contents. I have had the          | agreement and fully understand its opportunity to consult my own d do hereby voluntarily execute this lity. |
|                                   |   |
|                                   |   |
| Signature of Parent/Guardian      | Date  |
|                                   |   |
| Witness                           |   |







# Youth Citizens Police Academy Field Trip Permission Slip

Dear Parents,

During the weeklong session that your child will be enrolled in the Bartlett Youth Citizens

Police Academy, we will have the opportunity to visit <u>the Tennessee Wildlife</u> <u>Resources Hunter Education Center, 3200 Brother Boulevard, Bartlett, TN</u>. The students will be firing handguns with live ammunition at targets in the shooting range, under trained supervision.

The field trip is scheduled during regular class time. You will be advised as to which day this will be prior to the beginning of the course. Participants will return to the Bartlett Justice Center by 11:00 a.m.

Transportation will be provided.

| Please complete and return the section below participate in this field trip. | w, giving permission for your child to |
|--|--|
| My child,  | ne Tennessee Wildlife Resources        |
| Signature  |  |