



Junior Police Academy Application Packet



The Norman Junior Police Academy is accepting applications from students entering the 7th, 8th, or 9th grade. The purpose of the Academy is to foster relationships that will bridge the gaps between law enforcement and youth while also exposing them to future careers in serving their community. The goal of the program is to motivate young people to be outstanding citizens and to empower them to act as a positive influence in our community. The 1 week Academy blends classroom learning with hands on activities to expose Junior Cadets to a variety of topics including: fitness, patrol tactics, criminal investigations, traffic safety, self-defense, firearms safety, and internet dangers.

The Academy meets Monday through Thursday from 8:30 a.m. to 4:30 p.m. Cadets will be expected to be on time each day and should be picked up no later than 5:15 p.m. There is no cost to attend. Snacks and water will be available at no cost. Students will need to bring a sack lunch for each day. There is a refrigerator available to store any items that need to remain chilled.

There are a limited number of openings. To be considered, all forms must be complete and include two recommendations, signed releases and waivers, and a short essay. Priority is given to applicants residing within the City of Norman.

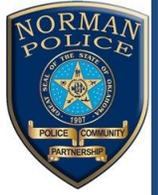
The summer 2015 Junior Police Academy is June 22-25 (8:30 a.m. – 4:30 p.m. each day). The deadline for the application is May 21, 2015.

Packet Contents:

- Application
- Recommendations
- Medical & Travel Release Forms
- Participation Guidelines
- Essay Guidelines

Completed application packets can be returned to the Norman Police Department Records Division c/o MPO Carl Pendleton, 201-B West Gray Street, Norman, OK 73069.

For more information contact MPO Carl Pendleton at juniorpoliceacademy@normanok.gov or 405-366-5222



Norman Junior Police Academy Application

Please Print

Name: _____
Last First MI

Address: _____
(Street/City/ Zip)

Phone: _____ Email: _____

Grade for 2015/2016 School Year: (circle one) 7 8 9

School: _____ City: _____

Shirt Size: (circle one) Adult S M L XL XXL

Parent or Guardian Name: _____

Phone: _____ Second Phone: _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Second Phone: _____

In consideration of the benefits that my child will receive from his/her participation in the Norman Police Department's Junior Police Academy sponsored by the Norman Police Department, I do hereby release the City of Norman, its police officers, public officials, agents and employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to my child or to my property arising out of or related to any happening or occurrence while my child is participating in the academy. I attest my child is physically fit and able to attend the Norman Junior Police Academy. I also authorize the staff of the Norman Police Department to transport my child to locations for academy programs. I give permission to the Norman Police Department to use or release any media (photographs, video, etc.) involving my child while participating in the Norman Junior Police Academy. I understand that this media may be released to local newspapers, television stations, and/or included on Norman Police Department official websites and other promotional material for the Norman Police Department.

Signature of Parent or Guardian

Date



Norman Junior Police Academy



Recommendations

Each applicant is required to have two recommendations. Acceptable recommendations can be from the following:

- Your current school Principal/Administrator
- Your current school Counselor
- A teacher or other staff member at your school.

Applicant Name: _____

The above named applicant is applying to attend the Norman Junior Police Academy. By signing below you are providing them with your recommendation.

Recommendation # 1

Name: _____ Phone Number: _____

Relationship to applicant: _____

Signature: _____

Date: _____

Recommendation # 2

Name: _____ Phone Number: _____

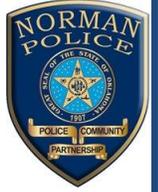
Relationship to applicant: _____

Signature: _____

Date: _____



Norman Junior Police Academy



Medical Release Form

I, _____ (parent or guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of an accident, injury, sickness, etc., under the direction of the Norman Police Department, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for the period of the Norman Police Department's Junior Police Academy.

Address: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

As the parent or legal guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

Signature of Parent/Guardian Date

Please list any medical conditions or allergies the applicant has:

Please list all medications regularly taken by the applicant:



Junior Police Academy TRANSPORTATION RELEASE FORM

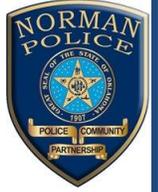
Because the Norman Police Department has multiple facilities, we at times may transport students to and from different facilities for instruction and activities during the Junior Police Academy. It is necessary that parents/guardians grant their consent by signing the consent/release form below for their student to use City of Norman transportation to and from activities. Parents should also be aware that parents/students and are not covered under the City of Norman's insurance plan.

NAME OF STUDENT _____

As a parent/guardian of the above named student, I hereby give my consent for my student to ride with Norman Police Department Staff, City of Norman Employees, supervisors, officers, participants and persons as part of the Junior Police Academy. I do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Norman, Norman Police Department Staff, City of Norman Employees, supervisors, officers, participants and persons transporting my student to or from activities for any claim arising out of any injury to my child or children.

PARENT/GUARDIAN SIGNATURE _____

DATE _____



Norman Junior Police Academy Participation Guidelines

Applicant Name: _____

- I agree to follow all directions given by academy staff.
- I understand I am required to be on time for all classes and activities.
- I agree to participate in all class assignments and activities.
- I will immediately report to the academy staff if I become ill or injured.
- I will conduct myself in a professional manner at all times in or out of class.
- I will present a professional appearance while attending the academy.
- I understand that I am not a peace officer and will not attempt to present myself as a peace officer. I will not attempt to enforce any law violations or other legal situations.
- I understand that tardiness, absenteeism, or violation of academy rules can result in my immediate dismissal from the program.

Applicant Signature

Parent/Guardian Signature

Essay Guidelines

Attach a one page handwritten or typed essay that answers the following questions:

1. Why do you want to attend the Junior Police Academy?
2. What do you hope to gain from the experience?
3. What is something personally in which you want to improve?