



**Smyrna Police Department**

**Junior Police Academy**

**July 8 - 19, 2019**

**Information & Registration Packet**

Dear Parent/Guardian:

Thank you for taking an interest in the Smyrna Police Department and the Junior Police Academy (JPA). Please read this application packet carefully and review it with your child. The Smyrna Police JPA is for individuals who have an interest in police service, community, government, and/or, a general appreciation for public service. The JPA is not a boot camp or a type of scared straight program for youth who purposely do not follow rules.

The goal of the program is for the Cadets to enjoy themselves while gaining an understanding of the demands of police training and service. The JPA consists of physical training, lectures, presentations, hands on activities, and field trips. The Cadets will learn how to march and work together as squads as well as the importance of being physically fit, staying drug free, teamwork, and respect. The JPA culminates with a graduation on Friday, July 19, 2019 @ 1700 hours at the Smyrna Middle School.

Cadets attending the JPA must, at all times, adhere to the rules enumerated on Page 6 of this application packet. Understand that if your Cadet does not follow the rules while at the JPA, he/she will not be permitted to complete the academy. At least one parent or guardian and Cadet must attend one of the orientation nights as listed. To best educate the Cadets, multiple locations throughout the state will be utilized. Specific instructions on the drop off and pick up of your Cadet will be communicated no less than the day prior.

Thank you again for your interest in the Smyrna Police Department. Please read the application carefully and complete all required sections. Incomplete applications will not be processed. Applications must be submitted by Monday, June 10, 2019. Applications can be submitted at the Smyrna Police Department or by email. A background check will be completed for each applicant.

If you have any questions, you may contact the Smyrna Police School Resource Officers, Detective Michael Carrigan [Michael.Carrigan@cj.state.de.us](mailto:Michael.Carrigan@cj.state.de.us) or Detective Jessica Weller [Jessica.Weller@cj.state.de.us](mailto:Jessica.Weller@cj.state.de.us) or call 302-653-9217.

Sincerely,

A handwritten signature in black ink, appearing to be 'Michael Carrigan', written in a cursive style.

Detective Michael Carrigan  
Smyrna Police Department

**Junior Police Academy Application**

**Cadent Information:**

Name of Applicant: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Uniform (Circle One):

Adult Shirt Size: S M L XL XXL Adult Short Size: S M L XL XXL

Child Shirt Size: S M L XL XXL Child Short Size: S M L XL XXL

\*Please attach copy of most recent report card

**Contact Information:**

Parent/Guardian Name(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Contact Numbers: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency name and telephone number other than parent or guardian:

\_\_\_\_\_

Person whom Cadet can be released to other than parent/guardian:

Name: \_\_\_\_\_ Relationship to Cadet: \_\_\_\_\_

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

Contact Numbers: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**Pre-participation Physical Evaluation:**

Must be completed by and signed by examining doctor. A copy of a physical may be attached, if completed within last 12 months.

State Following Condition of:

Medical:	Normal:	Abnormal:
Heart		
Temperature		
Lungs		
S/P or Hernia		
Eyes		
Athletes Foot		
Sinuses		
Throat		
Ears		
Teeth		
General Health		

Tetanus Shot:    Y            N                      Date of most recent shot: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication:**

Any Cadet taking a prescribed medication must have physician's signature. Medication must be registered with the Academy personnel upon arrival.

Prescribed Medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance:**

Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Waiver**

By completing and signing this JPA Application, I give my permission of any and all medical attention necessary to be administered to my Cadet in the event of an accident, injury, sickness, etc, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photograph Release**

I hereby grant the Smyrna Police Department and its representative's permission to use my likeness in a photograph in any and all of its publications, including websites, without payment or any other consideration. I understand and agree that these items will become the property of the Smyrna Police Department and will not be returned. I hereby irrevocably authorize Smyrna Police Department to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing events and activities administered by the Smyrna Police Department or for any other lawful purpose. In addition I waive the right to inspect or approve the finish product, including written or electronic copy, wherein my likeness appears. I hereby hold harmless and release and forever discharge Smyrna Police Department and its representatives from all claims, demands and cause of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If I choose not to authorize in having my Cadet's photograph utilized in any publications I shall affix a letter stating such to this application at the time of submission of this application. I also understand that I will receive a letter from the Smyrna Police Department prior to the start of the police academy acknowledging that I am not authorizing my Cadet or the Cadet's photograph to be utilized in any publications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Firearm Waiver**

I understand that my Cadet will receive a firearm safety lesson which includes a review and modeling of various types of police firearms. Cadets attending the JPA will have the opportunity to view such police weapons in safe environment. Firearms safety will be conducted by a certified firearms instructor. Cadets will have the opportunity to safely handle and utilize simulated firearms (airsoft and Simunitions).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Junior Police Academy Rules & Regulations**

1. Respect yourself and others.
2. In the classroom if you would like to speak raise your hand; when acknowledged Cadets will stand to speak.
3. Cadets will begin each statement or question with sir or ma'am and conclude each question or statement with sir or ma'am.
4. Cadets will come to attention inside any room or hallway when a police officer or instructor enters and exits. This will only be conducted when no other officer or instructor is currently in the room or hallway.
5. Pay attention to the speaker.
6. All participants will follow directions of all police officers or civilian instructors.
7. No foul language.
8. No "horse play" allowed.
9. Academy t-shirt, shorts and hat are to be worn every day. Please wash daily!
10. Video games, iPods, etc. are not allowed.
11. No jewelry permitted.
12. You are expected to conduct yourself as a gentleman or lady at all times. Proper decorum is demanded.
13. If a cell phone is brought to camp it must be turned off.
14. No teasing, name calling or harassing fellow Cadets.
15. Each day two Cadets will be selected to be the CQ (charge of quarters) and assistant CQ. The CQ and assistant CQ will be the cadet leaders and assist academy staff

I understand that these rules are in addition to guidelines presented at the mandatory parent/guardian orientation. I also understand that Cadets who do not follow the rules may not be permitted to complete the JPA.

Cadet Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Personal Statement

Please submit a **TYPED** essay with your application. Essays must be no longer than 1 page, double spaced.

Choose one of the following prompts:

- Why I would like to attend the JPA
- How I will use my JPA experience in my future career
- What qualities/characteristics would allow me to succeed at the JPA

### Recommendation/Character Reference:

Please have the following completed by a non-related person.

Ex: coach, administrator, supervisor, teacher, police officer

Name: \_\_\_\_\_

Relationship to Cadet: \_\_\_\_\_

Contact Numbers: (Cell) \_\_\_\_\_

Would applicant be a suitable participant in the Smyrna Police Junior Police Academy?                      Y                      N

Please explain:

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Signature: \_\_\_\_\_

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

### **Required Parent Orientation**

Participation at one of the orientation sessions is required in order for the Cadet to attend the JPA. Select one of the parent orientation nights as listed below. Choose the date most convenient for you. Sessions are held at the Smyrna Police station.

Choose One:

☐ **Tuesday June 25, 2019 at 6 PM**

☐ **Thursday June 27, 2019 at 6 PM**

I, \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_,  
(Print name) (Applicant)

being a minor of \_\_\_\_\_ years of age, in consideration of being made available to said minor the facilities at the Smyrna Police Department, Town of Smyrna, or Smyrna School District during the year 2016, do hereby covenant and agree with the Smyrna Police Department of the Town of Smyrna, State of Delaware, their assigns that neither said minor nor I, individually, or as a parent and/or guardian of said minor, will ever institute any law suit, action at law, or make any claim against said State or Town, their officers, agent, employees or members for or by reason of any damage, loss or injury either to the person or property or both, whether developed or undeveloped, resulting or to result, known or unknown, which occur during or as a result of any participation of events known as Smyrna Police Junior Police Academy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Uniforms

Uniforms will be provided for each cadet. They will consist of one cover, two shirts, two pairs of shorts, ID, and ID holder. Uniforms will be worn every day unless instructed by academy staff.

## Lunch

Lunch may be purchased for \$ 70.00 this will cover a lunch option for everyday of the academy (10 meals)

provided by Main Street Market. You may decline this lunch option and send lunch with your cadet each day.

Lunch payment must be included with this application by the deadline. Due to logistics we will be unable to mix and match purchased and brought lunches and one options must be chosen.

- ☐ Payment of \$70.00 is included with this application (checks make payable to: Smyrna Police Department)
- ☐ My cadet with bring his/her own lunch

My child has a food allergy or other dietary restriction: please provide information below.

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