

What are your career goals? _____

Grade point average: _____

T- Shirt size (available in adult sizes only): XXL __XL__L__M__S__

How did you hear about this program and why would you like to attend?

Applicant Signature

Parent/Guardian Signature

Mail as follows or submit to the deputy assigned to your child's school:

*Hanover County Sheriff's Office
Attention: Lt. Sean Smith
P. O. Box 40
Hanover, VA 23069*

*Acceptance letters and additional information about the academy will be sent via email after the application deadline of May 26th and June 30th. Please include you or your parent's email address that is best to receive this information.



To the Parents of the Interested Applicant:

Thank you for your child's interest in our Youth Citizens Police Academy. In order to proceed, a brief background check must be completed. You must authorize this background check by signing this form. Please return this authorization to our office as soon as possible or submit the form to the deputy assigned to your child's respective school.

Mail to: Hanover County Sheriff's Office
Attention: Lt. Sean Smith
P O Box 40
Hanover VA 23069

Release of Information Authorization

I understand that the Hanover County Sheriff's Office will be performing a criminal background and driving history check on my child in reference to my child's application for the Youth Citizens Police Academy.

I hereby authorize the Hanover County Sheriff's Office to investigate any and all driving record information and criminal information as it pertains to my child. I understand that the Hanover County Sheriff's Office considers any information confidential and that any information it obtains will not be released to me, or my child.

I further authorize the release of any information that is required for my child's background investigation, including information from any of the following Sources:

- Character references.
- Any past or present employer.
- Any judge, court or magistrate.
- Any State, Local, or Federal law Enforcement Agency.

Applicant Signature Date _____
Parent/ Guardian Signature Date



**Hanover County Sheriff's Office
Youth Citizens Police Academy
Emergency Authorization**

*Session I: June 26-30, 2023
Session II: July 31 – August 4, 2023
(Circle to Indicate Session Choice)*

Emergency Authorization

I hereby authorize the Youth Citizens Police academy coordinator to maintain and administer medication for my child, _____, during the Youth Citizens Police Academy session. Further, I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to my child named above. I understand that if my child has a health history of which the instructors need to be aware, it is my responsibility to provide it. This form may be photocopied for use during the program. **I have attached to this form a photocopy of my current medical insurance card reflecting coverage for my child.**

Waiver of Liability

I hereby waive any and all claims and demands, of whatever nature, which I hereinafter acquire against the County of Hanover, Hanover County Sheriff's Office, its deputies and/or the Youth Citizens Police Academy, as a result of my permission for my child's participation in the Youth Citizens Police Academy on the date and time specified.

I further agree that my child will comply with all rules and instructions issued by the program coordinator and instructors in connection with the program. I understand that parents are required to provide transportation for students daily. Students *must be* picked up at 4:00 p.m. each day. Any other arrangements must be authorized in writing by the parent/guardian. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on the part of my child. **Please note any known allergies on the back of this form.**

Child's Name/Age: _____

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____



**Hanover Sheriff's Office YCPA
Emergency Contact Information**

YCPA Participant: _____
First Name Last Name

(Please provide an insurance card if you have not already done so)

Please provide two emergency contacts

Emergency contact name: _____
Relationship to participant: _____
Emergency contact phone numbers:
Home: _____ Work: _____ Cell: _____

Emergency contact name: _____
Relationship to participant: _____
Emergency contact phone numbers:
Home: _____ Work: _____ Cell: _____

****Cookout Attendance****

How many people will be attending the YCPA graduation and cookout?

(including the academy participant)

Kindly limit attendees to immediate family members (parents/siblings)



**Hanover County Sheriff's
Office Youth Citizens Police
Academy PROGRAM RULES**

1. Each student must complete an **application** and submit it for review. If the student is selected to become a participant, an "*Emergency Authorization*" and "*Release from Civil Liability*" form must be completed by the participant's parent or guardian and returned on or prior to the first day of the academy.
2. Participants are expected to dress in appropriate attire. (T-shirts are provided. Shorts are acceptable but should be appropriate in length and condition.)
3. Participants shall act in a respectful and courteous manner to the instructors and each other. Profanity and disrespect towards any class participant will not be tolerated. Failing to follow instructions will be grounds for removal from the academy.

I certify that I understand the requirements of participating in this program.

Student Signature: _____ **Date:** _____

I would like my name to appear on my graduation certificate as follows:

(Please Print): _____

To be completed by parent/ guardian:

I hereby authorize my child to attend this Youth Citizens Police Academy. I understand that although at no time will my child be placed in any situations that create a danger to his/her well-being, he/she will be placed in close proximity with law enforcement equipment, to include canines, police weapons and vehicles. I further understand that these situations will be closely monitored by the Sheriff's Office personnel.

Parent Signature: _____ **Date:** _____

Mail as follows or submit to the deputy at your child's school:

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Attention: Lt. Sean Smith
P. O. Box 40
Hanover, VA 23069*