

TOWN OF POUGHKEEPSIE
POLICE DEPARTMENT



INFORMATION PACKET



YOUTH POLICE ACADEMY

Welcome to the Town of Poughkeepsie Youth Police Academy.

The Youth Police Academy is sponsored by the Town of Poughkeepsie Police Department and will provide teenage children with an inside look at local law enforcement. The program is designed to inspire good citizenship through criminal justice education. The academy will include physical training, Radar, law review, crime scene processing, reality based scenarios and much more.

Location: Town of Poughkeepsie Police Department – Training/Community Room
19 Tucker Drive, Poughkeepsie, NY

When: June 25 – June 29, 2018

Time: 8:30am – 4:30pm

Qualifications:

- Child must be entering 10th, 11th, or 12th grade in September 2018.
- Child must be a Town of Poughkeepsie resident.
- Child must have a “C” or better average in school and with no disciplinary issues.
- Child must be willing and able to participate in all activities (Academic and Physical).

Attire: Uniform will be provided.

Please wear appropriate shoes for physical activity - No sandals, flip flops, open toe shoes.
Must be prepared for inclement weather (may be outside during rain).

Lunch: Please bring a bag lunch each day. There is no refrigeration available.

Drop Off / Pick Up: Town of Poughkeepsie Police Training / Community Room.
The Academy begins at 8:30am and ends at 4:30pm.
There is no early drop off or late pick up option.

Please note: All personal items brought are your child’s responsibility.

There are no lockers or a secure locked facility for your child’s belongings.

A limited number of applicants outside of the Town of Poughkeepsie will be considered.

For more information please contact: Youth Aide Dolores Spero

Email: DSpero@townofpoughkeepsie-ny.gov

845-485-3688

Application Deadline is June 1, 2018



YOUTH POLICE ACADEMY APPLICATION

APPLICANT INFORMATION:

Last Name:		First Name:		MI	Age	Date of Birth:	
Street Address:							
City:					State	Zip code:	
Home Phone:		Cell Phone:		Email Address:			
School:						Grade Entering in Fall	
T-shirt Size: Small <input type="checkbox"/>		Medium <input type="checkbox"/>		Large <input type="checkbox"/>		XL <input type="checkbox"/>	
Shorts size: Small <input type="checkbox"/>		Medium <input type="checkbox"/>		Large <input type="checkbox"/>		XL <input type="checkbox"/>	
						Male <input type="checkbox"/> Female <input type="checkbox"/>	

PARENT / GUARDIAN EMERGENCY INFORMATION:

Last Name:		First Name:		Relationship:			
Street Address:							
City:					State	Zip code:	
Home Phone:		Cell Phone:		Work Phone:			
Last Name:		First Name:		Relationship:			
Street Address:							
City:					State	Zip code:	
Home Phone:		Cell Phone:		Work Phone:			

REFERENCES:

Educational Reference	
Name of Teacher or Administrator at your school:	
Position:	Work Phone:
Employer	Check Here if Not Employed <input type="checkbox"/>
Name:	
Business Name:	Work Phone:
Other (Must be over 21 years of age and not a relative)	
Name:	
How long have you know the applicant:	Phone: Home <input type="checkbox"/> OR Cell <input type="checkbox"/>



YOUTH POLICE ACADEMY BACKGROUND / PHOTO RELEASES & TRIP CONSENT

RELEASE OF INFORMATION FOR BACKGROUND INVESTIGATION

I hereby consent to a background investigation and authorize a review of all school records, or any part thereof, concerning myself, by and to a duly authorized police officer of the Town of Poughkeepsie Police Department, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that all information will be kept confidential. I also understand that should any statement I have made prove to be false, misleading, or erroneous, it may result in rejection of my application or dismissal from the Youth Police Academy.

_____	_____	_____
PARENT'S NAME (PRINT)	PARENT'S SIGNATURE	DATE
_____	_____	_____
STUDENT'S NAME (PRINT)	STUDENT'S SIGNATURE	DATE

WAIVER AND RELEASE FOR USE OF PHOTOGRAPH(S) AND OR IMAGE(S)

I do hereby give permission to the Town of Poughkeepsie, its agents and employees; to make use of my photograph(s) and / or image(s). I expressly agree to and grant the Town of Poughkeepsie the unlimited right and authority to use such photograph(s) and / or image(s) on the Town of Poughkeepsie website and other Town of Poughkeepsie uses. Such use of my photograph(s) and or image(s) by the Town of Poughkeepsie is for nonprofit purposes including but not limited to: brochures, informational videos, public service announcements, and such uses are without further notice or obligation to me. I agree to sign any further addendum required by the Town of Poughkeepsie.

_____	_____	_____
PARENT'S NAME (PRINT)	PARENT'S SIGNATURE	DATE
_____	_____	_____
STUDENT'S NAME (PRINT)	STUDENT'S SIGNATURE	DATE

OFF SITE ACADEMY ACTIVITY CONSENT

I authorize permission to Town of Poughkeepsie Police Academy Employees to supervise and/or provide transportation for my child, _____, via motor vehicle to off-site academy venues and further authorize permission for my child to take part in all academy activities.

Student's Name

_____	_____	_____
PARENT'S NAME (PRINT)	PARENT'S SIGNATURE	DATE



YOUTH POLICE ACADEMY

MEDICAL CLEARANCE ~ CONFIDENTIAL

Child's Name:	Date of Birth:
Parent(s) / Guardian(s) Name(s):	
Home Address:	

IMMUNIZATIONS

VACCINE	1 ST DOSE	2 ND DOSE	3 RD DOSE	BOOSTER	BOOSTER
DIPHTHERIA-TETANUS-PERT					
DIPHTHERIA-TETANUS-PED					
DIPHTHERIA-TETANUS-ADULT					
TRIVALENT ORAL POLIO					
MEASLES					
MUMPS					
RUBELLA					

MAJOR ILLNESSES AND OPERATIONS

Physical Examination Date:	
HEIGHT:	PERCENTILE:
WEIGHT:	PERCENTILE:
NUTRITION:	
ORTHOPEDIC (POSTURE):	
ORTHOPEDIC (FEET):	
SKIN:	
EYES:	
EARS:	
NOSE:	
TONSILS:	
TEETH:	

Thyroid:	
LYMPH GLANDS:	
LUNGS:	
HEART:	
BLOOD PRESSURE:	
PULSE:	
ABDOMEN:	
GENITALIA:	
EXTREMITIES:	
SPEECH:	
NEUROLOGICAL:	

Is this child capable of participating in the full program including physical activities? Yes No

Does the child have a history of any allergies? Yes No If yes, list specific allergies along with medication used:

Medications:

Taken in the last month: _____

To be taken at camp: _____ *Any medication that can be given at home should be.

Any medications to be taken at camp:

- Will be self-administered - we cannot administer medication.
- Medication will be kept in a secure facility by the academy staff.
- Medication must be in their original labeled pharmacy container.
- Medication must be accompanied by a note from a doctor giving instructions for taking medication.
- No refrigeration is available.

Any other restrictions: _____

PHYSICIAN'S NAME (PRINT)

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S PHONE



TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

YOUTH POLICE ACADEMY
LIABILITY WAIVER

Name of the Child participating in the TOWN OF POUGHKEEPSIE YOUTH POLICE ACADEMY:

Name: _____ Age: _____ Male Female

I, the undersigned parent or legal guardian of the child listed above, do certify that the child is in good health and is able to participate in the Town of Poughkeepsie Youth Police Academy program. I understand that no health, and / or accident insurance are provided for the child and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

In consideration for your accepting the child in the program, I the undersigned parent or legal guardian of the child for myself and the child, as well as our heirs, executors, administrators and assigns forever release and discharge the Town of Poughkeepsie, the Town of Poughkeepsie Police Department, Police Department Officers and its appointed and elected officials, employees, agents, volunteers and other representatives and their heirs, executors, administrators and assigns from any claims, causes of action, suits, debts or damages arising from any and all injuries sustained by the child as a result of the Town of Poughkeepsie youth Police Academy program and all of its related activities.

Furthermore, I the undersigned parent or legal guardian of the child do hereby agree to indemnify, hold harmless and defend the Town of Poughkeepsie, The Town of Poughkeepsie Police Department and its appointed and elected officials, employees, agents, volunteer and other representatives and their heirs, executors, administrators and assigns for any and all injuries and property damages sustained by others by reason of the conduct of the child during the Town of Poughkeepsie Police Youth Police Academy program including court costs and attorney fees.

I agree that the Town of Poughkeepsie, the Town of Poughkeepsie Police Department shall have the right at their discretion to enforce established rules of conduct and/or terminate the child's participation for the failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group in its program as a whole.

I hereby grant the Town of Poughkeepsie, the Town of Poughkeepsie Police Department and its appointed and elected officials, employees, agents, volunteers and other representatives full authority to take whatever action they consider warranted regarding the health and safety of the child and fully release them from any liability for such actions taken on my behalf.

PARENT'S NAME (PRINT)

PARENT'S SIGNATURE

DATE

* Application Deadline is June 1, 2018. *

You may drop off your completed application packet at
Town of Poughkeepsie Police Headquarters

or

mail the forms to:

Town of Poughkeepsie Police Department

Attn: Dolores Spero

19 Tucker Drive

Poughkeepsie, NY 12603