



2018 YOUTH POLICE ACADEMY

The Delaware Division of Alcohol and Tobacco Enforcement (DATE) is currently accepting applications for the 2018 Youth Police Academy. In an effort to reach as many youth statewide, the Youth Police Academy is free of charge and will be held two (2) separate weeks this summer.

The Youth Police Academy is highly competitive with 30 openings per academy. As such, both parents/guardians and applicants should review this entire application and apply with a full understanding of what is required and expected.

The DATE Youth Police Academy will create a challenging atmosphere and provide confidence building tips and strategies, education on drugs/alcohol and the dangers of underage drinking and substance abuse. Furthermore, the program will teach cadets law enforcement functions, teambuilding exercises, self-discipline and physical fitness. Daily programs will include educational presentations, interaction with public agencies, field trips and physical activities and cadets will be given exposure to available state, county and municipal resources. The daily physical training is similar to “boot camp”; there will be marching and calisthenics.

All instructors for the Youth Police Academy are highly-trained and experienced police officers or professionals in their respective fields.

A valid photo ID will be required at the guard gate at both locations. Transportation will be provided at a select location in each county that will transport your child to/from the academy. More information will be provided to those who require transportation.

2018 ACADEMY DATES:

June 18th - June 22nd 8:30 AM to 3:30 PM Delaware National Guard Training Site 250 Airport Road. New Castle, DE Apply by May 21st!	July 23rd - July 27th 8:30 AM to 3:30 PM Delaware National Guard Readiness Center 103 Artisan Drive. Smyrna, DE Apply by June 25th!
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Applicant Requirements:

- The Academy is open to males and females that reside in Delaware.
- Applicants must be in the 9th, 10th, or 11th grade as of the 2016-2017 school year.
- Applicants must be committed to attending all 5 days of the program, upon acceptance.
- Applicants are subject to a criminal background check. DATE reserves the right to deny applicants or remove Cadets for past or current activities that may be detrimental to the program and its attendees.

Attire/What to Bring:

- Cadets are expected to wear Black casual style OR tactical style pants, a Black belt and Athletic shoes. Shirts will be provided.
- Cadets must bring Black athletic shorts with them for daily physical fitness activities.

Graduation:

Upon completion of the academy, there will be an official graduation ceremony on Friday. More details will be sent home with Cadets during the week. Family members and relatives are invited to attend.

Lunch/Drinks:

Lunch will be provided on all days except on Thursday. Cadets will need to bring a bagged lunch from home on Thursday. Lunches can be kept cool however; we cannot facilitate heating/cooking food. Bottled water will be supplied to Cadets throughout the day.

Commitment:

For the program to be successful both individually and overall each cadet is required to attend all five (5) days of the program. There are no exceptions for driving tests, vacations, sports programs or other activities. Note: At any time the program director may terminate a youth from participating in the Academy for lack of participation or non-compliance with the rules as set forth in the paperwork and as given throughout the Academy.

Submitting an Application:

Late or incomplete applications will not be accepted. Those accepted into the program **will only be notified via e-mail** therefore, please include a valid email address on your application and check it periodically for program updates.

Applications may be submitted via the following:

Mail:

DATE Office
ATTN: Youth Academy
34 Starlifter Avenue
Dover, DE 19901

Email:

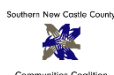
Loretta.Simpson@state.de.us

Fax:

(302) 739-4770

**If you have any questions about the program or an application,
please call (302) 741-2715.**

The Division of Alcohol and Tobacco Enforcement, The Delaware National Guard Counterdrug Task Force, Open Door Inc, and Southern New Castle County Communities Coalition. (Partial) Funding for this project (SP020704) has been provided by the Department for Health and Social Services, Division of Substance Abuse and Mental Health---State of Delaware through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).



Division of Alcohol and Tobacco Enforcement
2018 YOUTH POLICE ACADEMY
APPLICATION FOR PARTICIPATION
Please print legibly.

SELECT ONE:

☐ New Castle Academy: 6/18 – 6/22 ☐ Smyrna Academy: 7/23 – 7/27

Applicant Name: _____

Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F

Complete Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **School:** _____

Grade: _____ (as of 17'-18' school year) **Adult Shirt Size:** ☐ Sm ☐ Md ☐ Lg ☐ XI ☐ Other _____

How did you hear about the DATE Youth Police Academy? _____

Why do you want to attend the DATE Youth Police Academy? _____

Will you need transportation? ☐ No ☐ Yes

More information will be provided upon acceptance into the program.

Do you have any type of food allergies or dietary restrictions? ☐ No ☐ Yes

If yes, please specify:

Do you have any medical conditions that we should be aware of? ☐ No ☐ Yes

If yes, please specify:

Will you need to take any medications during the Academy? ☐ No ☐ Yes

If yes, please specify:

Is there any other information that our staff should know to better service this child? ☐ No ☐ Yes

If yes, please specify:

PARENT/GUARDIAN INFORMATION:

1. Parent/Guardian Name: _____ Cell Phone: _____
Alternate Phone: _____ Email Address: _____
2. Parent/Guardian Name: _____ Cell Phone: _____
Alternate Phone: _____ Email Address: _____

EMERGENCY CONTACTS: – *To be notified only if parent(s)/guardian(s) cannot be reached.*

1. Name: _____
Relationship to Applicant: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
2. Name: _____
Relationship to Applicant: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
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RELEASE STATEMENTS: - Please read and initial each paragraph.

Criminal Background Check: I am aware that a criminal background check will be conducted on the applicant by DATE. I understand that DATE reserves the right to deny this application if negative police contact or criminal history information, that can be detrimental to the program and attendees, is discovered.

Photo/Media: I understand that photos and/or video taken during the Youth Academy may be used by DATE for marketing materials and publications.

Recruit Code of Conduct: In order to maintain a safe and peaceful camp environment we require parents and recruits to read and understand the importance of abiding by the following code of conduct:

- I will follow the recruit schedule.
- I will respect counselors, directors, and other recruits by not using foul language, name calling or fighting.
- I will follow all safety rules set forth by the academy staff.

Youth Academy Disciplinary Policy: For the benefit of all recruits, it is important that recruits behave appropriately within the academy. If it becomes necessary to take disciplinary action against a recruit, the steps followed are outlined below.

- 1st incident: The recruit will receive a verbal warning and an explanation as to why the behavior is inappropriate.
- 2nd incident: Staff will determine an appropriate consequence for the recruit's actions. The recruit's parents will be notified of the behavior when they arrive to pick the recruit up.
- 3rd incident: The recruit will be excused from the academy immediately.
- The staff of the Division of Alcohol and Tobacco Enforcement reserves the right to bar any recruit from this academy following a first incident in cases of serious behavior problems.

WAIVER AND RELEASE OF RESPONSIBILITY:

- I.** I/We acknowledge that there are natural hazards associated with this academy and related activities in the outdoor setting.
- II.** I/We hereby affirm that my child is in good health and physically capable of performing the required activities of this academy.
- III.** I/We understand that all possible precautions are taken to insure that all programs and activities sponsored by the Delaware Division of Alcohol and Tobacco Enforcement are conducted by mature and qualified personnel in a safe and responsible manner. I/We voluntarily assume the risks of the activities for my child.
- IV.** If programs or classes meet or travel to other areas, I/we give permission to the Delaware Division of Alcohol and Tobacco Enforcement for my child to be transported there by a Fleet-authorized driver in a State of Delaware vehicle.
- V.** I/We freely assume all risks associated with my minor child's use of airsoft equipment in this academy, including risk of bodily injury or any other damage arising as a result of my child's participation in this academy, all such risks being known and appreciated by me.
- VI.** In consideration of the Delaware Division of Alcohol and Tobacco Enforcement accepting my child into this academy and to the extent permitted and provided by State Law, I/we hereby irrevocably release from liability and waive any rights to sue the State of Delaware, the Department of Safety and Homeland Security, the Delaware Division of Alcohol and Tobacco Enforcement, the Delaware National Guard, its employees, volunteers, program providers, and cooperating facilities from all claims or liabilities whatsoever, in law or in equity, which may have resulted, directly or indirectly, or that may in the future develop, including for the death of or injury to any person or for damage to property, arising out of my child's participation in this academy. I/We shall indemnify and hold harmless the State of Delaware from any and all liability, suits, actions or claims, together with all reasonable costs and expenses (including attorneys' fees) directly arising out of my child's participation in this academy.
- VII.** In the event of an emergency, a Delaware Division of Alcohol and Tobacco Enforcement employee will make every attempt to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I/We give permission to the Delaware Division of Alcohol and Tobacco Enforcement to secure proper medical treatment and hereby expressly waive any and all claims of nature arising from such treatment.
- VIII.** I/We understand that any medical expense not covered by the Delaware Division of Alcohol and Tobacco Enforcement and any medical care will be billed directly to me or to my insurance company.
- IX.** I/We hereby certify that my child is not a person prohibited from possessing a deadly weapon in accordance with Delaware Code Title 11, subsection 1448 which pertains to the unlawful possession of a deadly weapon by a person prohibited.

Applicant Name (Print)

Applicant Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

