



2023 YOUTH POLICE ACADEMY

The Delaware Division of Alcohol and Tobacco Enforcement (DATE) is currently accepting applications for the 2023 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 DATE Youth Police Academy will teach Cadets various law enforcement functions, team building exercises, self-discipline, physical fitness, confidence building tips and strategies, and education on drugs/alcohol and the dangers of underage drinking and substance abuse. The daily physical training is similar to “boot camp”; there will be marching and calisthenics. Daily programs will include educational presentations, interaction with public agencies, field trips and exposure to available state, county and municipal resources. All instructors for the DATE Youth Police Academy are highly trained and experienced police officers or professionals in their respective fields.

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

NEW CASTLE COUNTY ACADEMY

July 10th – July 14th

8:30 AM – 4:00 PM

Delaware National Guard

998 Delaware Avenue, Delaware City, DE

Apply by June 15, 2023

SMYRNA ACADEMY

July 24th – July 28th

8:30 AM – 4:00 PM

Delaware National Guard

103 Artisan Drive, Smyrna, DE

Apply by June 25, 2023

Applicant Requirements - The Academy is open to Delaware high school students or rising Freshmen who are under the age of 18. 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 should wear Black casual style OR tactical style pants, a Black belt and athletic shoes. Shirts will be provided on Day 1. Cadets must bring Black athletic shorts with them for daily PT activities.

Lunch/Drinks - Cadets will need to bring a bagged lunch from home, unless otherwise planned. Lunches can be kept cool; however we cannot facilitate heating food. Bottled water will be supplied to Cadets throughout the day.

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.

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. 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.

HOW TO APPLY

Late or incomplete applications will not be accepted. Please ensure a valid email address is provided on your application.

Those accepted into the program will only be NOTIFIED VIA E-MAIL.

Applications can be **MAILED** to DATE Youth Academy at 600 South Bay Road, Suite 3, Dover, DE 19901, **FAX** to (302) 739-4770, or **EMAIL** to tiffany.lacy@delaware.gov. If you have any questions about the program or an application, please call (302) 741-2715 or go to our website www.date.delaware.gov.



2023 YOUTH POLICE ACADEMY

APPLICATION FOR PARTICIPATION

Please print legibly.

Select the Academy you wish to attend:

New Castle County Academy (7/10 - 7/14)

Smyrna Academy (7/24 - 7/28)

Applicant Name: _____

Mailing Address: _____

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

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

Email Address: _____ **Adult Shirt Size:** SM MD LG XL _____

School: _____ **Grade (current):** 9TH 10TH 11TH 12TH

Will you need transportation? *More information will be provided upon acceptance into the program.* No Yes

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

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

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:



2023 YOUTH POLICE ACADEMY

PARENT/GUARDIAN INFORMATION:

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

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

Name: _____ Relationship to Applicant: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

APPLICANT AND PARENT/GUARDIAN MUST READ AND INITIAL EACH STATEMENT BELOW.

	<i>Applicant</i>	<i>Parent/ Guardian</i>
<p>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.</p>	<div style="background-color: yellow; width: 100px; height: 40px; margin: 0 auto;"></div>	<div style="background-color: yellow; width: 100px; height: 40px; margin: 0 auto;"></div>
<p>Photo/Media: I understand and consent to photos and/or videos taken during the Youth Academy to be used by DATE for marketing material, publications, and on social media outlets.</p>	<div style="background-color: yellow; width: 100px; height: 40px; margin: 0 auto;"></div>	<div style="background-color: yellow; width: 100px; height: 40px; margin: 0 auto;"></div>
<p>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:</p> <ul style="list-style-type: none"> • 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. 	<div style="background-color: yellow; width: 100px; height: 60px; margin: 0 auto;"></div>	<div style="background-color: yellow; width: 100px; height: 60px; margin: 0 auto;"></div>
<p>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.</p> <ul style="list-style-type: none"> • 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. 	<div style="background-color: yellow; width: 100px; height: 60px; margin: 0 auto;"></div>	<div style="background-color: yellow; width: 100px; height: 60px; margin: 0 auto;"></div>



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WAIVER AND RELEASE OF RESPONSIBILITY:

1. I/We acknowledge that there are natural hazards associated with this academy and related activities in the outdoor setting.
2. I/We hereby affirm that my child is in good health and physically capable of performing the required activities of this academy.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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

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