**2020 Junior Police & Fire Academy**

Application Packet

**COMPLETED APPLICATION PACKETS**

**MUST BE RETURNED WITH THE FOLLOWING ITEMS:**

* Application
* Authorization & Release
* Medical Waiver & Release (2 pages)

**Completed Applications can be left at one of the following:**

Springfield Police Headquarters Springfield South District Station

321 E. Chestnut Expy **OR** 2620 W. Battlefield

Springfield, Mo 65802 Springfield, Mo 65810

**Between 9 am and 3 pm Monday – Friday**

**APPLICATIONS MUST BE TURNED IN**

**BY July 24th AT 3 PM**

The Springfield Police Department and the Springfield Fire Department, with support from the Springfield Westside Optimist Club, will be sponsoring our 6th Annual Junior Police & Fire Academy August 15th, at the Springfield Regional Police and Fire Training Center.

Enrollment for the Academy will be restricted to the first eligible 25 application packets received. All applicants must be between the ages of 10 and 13 by the start date of the academy and preference will be given to those who live in Springfield or have a parent/guardian who works in Springfield.

Any applications received after the first 25 cadet spots are filled will be placed on a waiting list. If any of the first 25 applicants decide not to participate, the waiting list will then be used to fill any openings. The preference of those on the waiting list will also function on a first come, first served basis.

Applications will be available beginning June 22nd and will not be distributed or accepted after July 24th at 3:00 p.m. Applications may be picked up at the Springfield Police Department during the hours of 9 am to 3 pm. All returned applications and attached waivers/releases should be filled out completely. Any application returned that is not filled out completely, or as instructed, may be subject to disqualification from the Academy.

Our objective is a day of education and fun through a Police Academy & Fire format. The day long curriculum will include various presentations, hands on practices, and physical training, to give the cadets an idea of what is involved in becoming a Police Officer as well as a supportive citizen of the community. There will be a graduation ceremony to acknowledge the cadets at the end of the day.

**NO APPLICATIONS WILL BE DISTRIBUTED**

**BEFORE June 22nd**

**OR**

 **ACCEPTED AFTER July 24, 2020**

The daily schedule will begin at 9:00 am. Cadets are to be dropped off at the Springfield Regional Police and Fire Training Center no earlier than 8:15 am. A complimentary breakfast will start at 8:30 and classes will begin promptly at 9:00 am and conclude at 4:00 pm. Transportation to and from the Academy is the responsibility of the cadet’s parent or guardian. Please be prompt when dropping off and picking up your cadet.

The cadets need to wear comfortable clothing such as a t-shirt and shorts. Socks and tennis shoes are required. Lunch, snacks & water are provided for the cadets courtesy of local businesses within our community. If a cadet has dietary needs they can bring their own snacks/drinks. NO ENERGY DRINKS SUCH AS MONSTER, ROCK STAR OR RED BULL ALLOWED – NO EXCEPTIONS!

Graduation will be at 3:00 pm on Saturday August 15th at the Springfield Regional Police and Fire Training Center. Cadets will be provided a t-shirt to wear for the graduation ceremony. The public is welcome to attend the graduation ceremony.

This Academy is sponsored by the Springfield Police Department, the Springfield Westside Optimist Club, and local businesses/organizations. There are no fees for the cadets to attend the academy because of the generous support received.

We are hopeful that the interaction that will take place between your cadet and the members of the police department, as well as other community leaders, will have a positive effect on all involved.

If you have any questions regarding this program, please contact Director Gregory Young at the Springfield Police Department at 417-864-1351 during normal business hours; Monday – Friday 8 am to 4 pm or by e-mail at gyoung@springfieldmo.gov.

On behalf of the Springfield Police & Fire Departments and the Springfield Westside Optimist Club, we thank you for your interest in participating in the Academy and look forward to working with your cadet!

Sincerely,

Gregory Young

**2020 APPLICATION**

Please fill out the following information completely. **PLEASE PRINT**. Any false, incomplete or illegible information may exclude the applicant from participating in the program.

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI: \_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_ -\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_ -\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex (Circle One): MALE FEMALE

Parent’s E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size** (Circle One)

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

|  |  |
| --- | --- |
| Parent/Guardian Name & Role Printed: |  |
| Parent/Guardian Signature: |  |

**Emergency Contact Numbers:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship: |  |
| Contact Numbers: |  |  |  |
| Name: |  | Relationship: |  |
| Contact Numbers: |  |  |  |
| Name: |  | Relationship: |  |
| Contact Numbers: |  |  |  |

**Cadets -** please briefly describe below your reason for wanting to participate in the Springfield Police& Fire Department Junior Police Academy program. You can attach a separate piece of paper if needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **PD USE ONLY:****Applicant #** |  |
| **Date Received** |  |
| **By Whom** |  |

**AUTHORIZATION & RELEASE**

The undersigned parent/guardian, understanding all activities and requirements, requests the opportunity and privilege to have my child participate in the Springfield Police & Fire Department’s Junior Police & Fire Academy.

The undersigned agrees to have their child obey any and all directives or orders of any member of the Springfield Police & Fire Departments while he/she is engaged in any and all activities relating to the Junior Police Academy, as well as strictly adhere to any departmental safety rules and/or regulations.

I further acknowledge that the privilege of participating in this program may be rescinded at any time during the course of the Junior Police Academy as a result of improper behavior or other factors that may be detrimental to the safety or wellbeing of any other participants or instructors, and the decision to rescind this privilege is in the sole and absolute discretion of the police officers involved and/or the Academy Director.

The undersigned certifies that their son/daughter is between the ages of ten and thirteen; that all of the information contained in this application is correct and truthful to the best of my knowledge; that I have read the above instructions and agree to abide by these regulations; and that I have signed this authorization and release of my own free will.

Parent/Guardian Name and Role-Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cadet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned also understands that the Junior Police Academy generates interest from the news media, both print and televised, and authorizes the release of my child’s name and image for use in any news media story relating to the Junior Police Academy. I also authorize the release of my child’s name and image for use in any and all presentations or other media to be used for or by the Springfield Police Department regarding this program.

Parent/Guardian Name and Role-Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cadet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a reminder, this year’s recruit class will be limited to 25 cadets. Any applications that are not filled out completely or contain any false information may be disqualified. All applicants accepted into this year’s program will be notified by telephone and letter, and will be provided further information as to when and where to report on the day of the academy. There will be a waiting list for those received over the first 25. If you are on the waiting list, you will be notified on the first day if an opening is available. If you are one of the first 25 selected cadets and do not show up within 15 minutes of the start of class on the first day, your spot will be given to the next person on the waiting list. NO EXCEPTIONS!

**MEDICAL WAIVER & RELEASE**

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This form must be completely filled out and returned with the completed application. **PLEASE PRINT.** Any false, incomplete, or illegible information may exclude the applicant from participating in this program. If the answer is yes to any below, please explain.

Does your child suffer from any medical conditions that you are aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child suffer from seasonal or any other allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require any medication (prescription or over-the-counter) on a daily or emergent basis? List name, dosage & time schedule. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other special needs (Including dietary) that the staff of the Junior Police & Fire Academy should be made aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PHYSICIAN / MEDICAL INSURANCE INFORMATION**

Name of Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holders Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holders Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy or Group ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name and Role-Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cadet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL WAIVER & RELEASE**

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This form must be completely filled out and returned with the completed application. **PLEASE PRINT.** Any false, incomplete, or illegible information may exclude the applicant from participating in this program.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the undersigned parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ states that the health history information provided to the Springfield Police & Fire Department is true and that my child is physically able to participate in the Junior Police & Fire Academy.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the undersigned parent/guardian, also hereby releases and forever discharges the City of Springfield, the Springfield Police & Fire Departments and all of its officers, the Springfield School District, and any other agents or employees of participating agencies, from all claims and causes of action as a result of personal injuries, damages or other losses of any nature whatsoever, which may result or occur at any time while the child of the undersigned is participating in any of the activities of the Junior Police Academy. I further understand that any and all medical costs related to any injuries will be the responsibility of my family’s own medical insurance company.

Parent/Guardian Name and Role-Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cadet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_