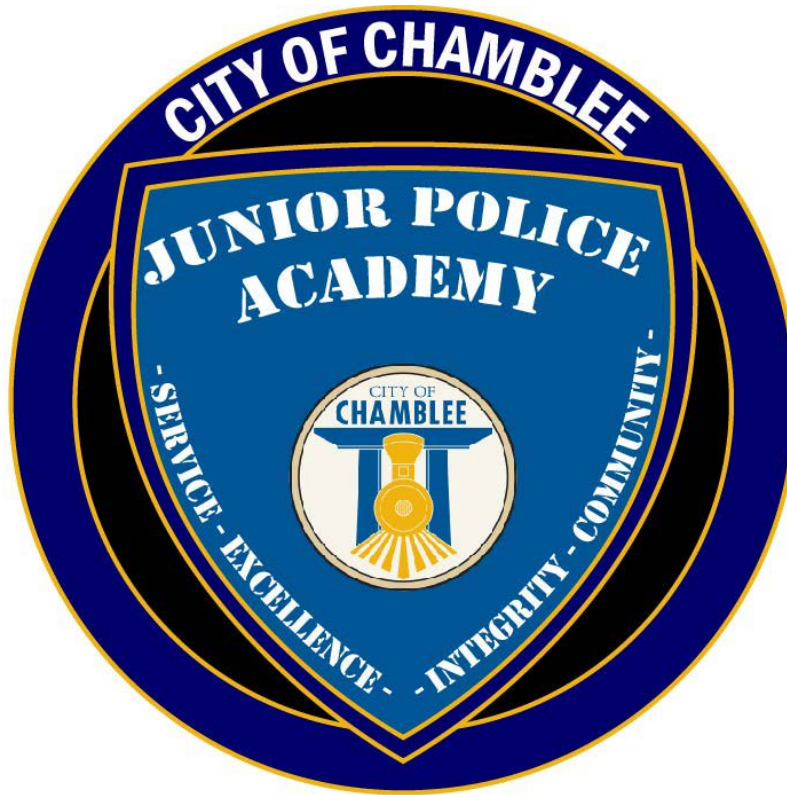


Chamblee Police Department



Junior Police Academy
Class 18-001



Dear Applicant,

I would like to take this opportunity to thank you for your interest in the Junior Police Academy (JPA). The JPA program is presented by the Chamblee Police Department as part of its Community-Oriented Policing initiative. Also, thank you for your willingness to serve your community by contributing your valuable time to the program. I hope the classes will be rewarding and informative.

This program was designed to provide young adults with basic information about law enforcement and police activities. The ultimate objective is to establish a positive relationship between Chamblee's youth and our law enforcement representatives.

After completion of this program, I hope you will use the information to help educate both your immediate family and fellow teens within your neighborhoods and schools, law enforcement activities and state and local laws. Your application for admission to the Junior Police Academy demonstrates your commitment to your community.

You will be contacted before the class begins, and we will make every effort to keep you informed throughout the process. If due to unforeseen circumstances, you are unable to attend any of the classes, please notify Captain Ernesto Ford as soon as possible, 470-395-2413.

Again, thank you for your interest in the Chamblee Police Department's Junior Police Academy.

Donny Williams

Chief of Police
City of Chamblee Police Department

IMPORTANT INFORMATION

1. **Please fill out the Junior Police Academy application in its entirety.** The application consists of one (1) letter of recommendation from a teacher, counselor, principal or clergy member and four (4) forms: Application for Enrollment, Parent Information, Police Activity Programs Waiver and Photo Release. The Application and Waiver of Liability must be signed by the applicant's parent/legal guardian. Completing and signing the Likeness Waiver is optional.
2. **Class members must be between 13 and 15 years old** at the start of the program and be a resident or attend school in the City of Chamblee.
3. Return completed application, recommendation letter and waiver(s) by **May 25th, 2018** either in person at the Police Department's front desk, or mail to:

Chamblee Police Department (ATTN: Captain Ernesto Ford)
3518 Broad Street
Chamblee, Georgia 30341
4. **The coordinating officers have final approval of all applicants and reserve the right to deny entry to any applicant.** Accepted applicants will be notified by mail and/or phone.
5. **The Junior Police Academy program is free to all members.** Class size is limited to twenty-five (25) qualified applicants.
6. Qualified applicants who are denied admission due to class size will be given first choice at the time the next class is scheduled.
7. **Classes will be held at the Chamblee Police Department, located at 3518 Broad Street, Chamblee, Georgia.**
8. Classes will be held on Monday, June 4th to Friday, June 8th from 8:30 A.M. to 5:00 P.M.
9. **Dress code for class is casual, but please wear comfortable clothes that can get dirty or damaged and closed-toe shoes.** Use common sense in your clothing attire (no halters, short shorts, flip-flops, etc.)

10. You will need to bring your issued Junior Police Academy manual and ID badge to each scheduled session (*these will be provided during the first class*). You will need to wear your ID badge to each class so you can be identified as a participant in the program.
11. Attendance to each session is critical to fully benefit from participation in the program. Please make every effort to attend each training session. If you will be unable to attend any of the sessions, notify the contact listed below:

Captain Ernesto Ford

Work Phone: (470) 395-2413

E-mail: eford@chambleega.gov

12. Lunch and refreshments will be provided.
13. **No individual will be allowed to remain in a training session if they behave in a disruptive or disrespectful manner. Under these circumstances, the misbehaving individual will be removed from the class and the parent or guardian will be contacted.**
14. Please contact the Chamblee Police Department at 470-395-2413 for any additional information.

APPLICATION FOR ENROLLMENT

Student Name _____

Preferred Name _____ Date of Birth ____ / ____ / ____

Are you committed to attending all of the scheduled classes? () Yes () No

Student shirt size: ___Small ___Medium ___Large ___XL ___ 2XL ___ Note if other

STUDENT MEDICAL INFORMATION

Allergies: Food _____

Medicine _____

Other _____

Do you carry medicine for allergies? () Yes () No

If YES, please specify _____

Is there any physical or medical condition (such as asthma) that limits your physical activity? () Yes () No

If YES, please specify _____

Do you carry medicine for this medical condition? () Yes () No

If YES, please specify _____

I give permission for my child to take scheduled field trips () Yes () No

The Chamblee Police Department will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact the Chamblee Police Department at (470) 395-2413.

PARENT INFORMATION

Parent Name _____

() Mother

() Father

() Legal Guardian

Street Address (P.O. Box not acceptable)

City, State

Zip Code

Email Address

Parent Phone Numbers:

Home (_____) _____ Work (_____) _____

Cell (_____) _____

ALTERNATE CONTACT PERSON (IN CASE OF EMERGENCY)

Name _____ Relationship _____

Home Phone (_____) _____ Work Phone (_____) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The Chamblee Police Department is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Junior Police Academy Program.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____

For Official Use Only

Date/Time Received _____ / _____

History Check Date/Time _____

Chief of Police Approval _____

POLICE ACTIVITY PROGRAMS WAIVER

Activity: Junior Police Academy

Location: 3518 Broad Street, Chamblee, GA 30341

Date

Time

PARTICIPANT:

Last Name

MI

First Name

Date of Birth

Age

IN CASE OF EMERGENCY:

First Name

Last Name

(_____) _____

Phone Number

Street Address

City, State

Zip Code

WAIVER FOR PARTICIPANT

In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Chamblee Police Department and its representatives, employees and assigns for any injuries suffered by myself or my child at any activity sponsored by these groups. As further consideration for accepting this entry, undersigned hereby agrees to protect the City of Chamblee against any claim for damages, compensation or otherwise on the part of myself, my child or any other party, growing out of or resulting from injury to myself or my child in connection with myself or my child's participation in the program, and to reimburse or make good any loss or damage or costs that the City of Chamblee may have to pay if any litigation arises from said injuries; and undersigned hereby waives any and all rights of exemption, both as to real and personal property, to which undersigned may be entitled under the laws of this or any other state as against such claims for reimbursement or indemnity by the City of Chamblee.

Participant or Parent/Guardian Signature

Date

Witness

Date

PHOTO RELEASE

I hereby grant the City of Chamblee permission to use the likeness of myself and/or my child in a photograph or other digital reproduction in any and all of its publications, including website, social media and/or printed publications without payment or any other consideration. I understand and agree that these materials will become the property of the city and will not be returned. I hereby irrevocably authorize the City to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs and/or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's and/or my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the city from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and signing on behalf of myself and my child. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Applicant First and Last Name

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Witness Signature

