June 17-21 2013

Accepted ( ) YES ( ) NO

Applicant last name_____

TEEN ACADEMY APPLICATION

Applicant Name:

Last Name_____First Name_____Middle Initial____

Social Security Number_____Drivers License (If applicable)_____

Home Address:
Street_____City_____Zip Code_____

DOB_____/_____/_____ Gender M/F Race_____School_____

Parent or guardian information:

Last Name_____First Name_____Middle Initial____

Social Security Number_____Drivers License/TX ID Card_____

Home Address:
Street_____City_____Zip Code_____

DOB_____/_____/_____ Gender M/F Relationship:_____

Home Phone:_____Cell Phone_____Other_____

Other Emergency contact Person: Name:_____

Address:_____

Phone #1:_____Phone #2:_____

Sergeants Approval:_____ (Initial and Date)

Lieutenants Approval_____ (Initial and Date)

Parent or legal guardian must initial each of the below fields. Your signature at the bottom of this page indicates that you have read, understand and agree to each of the following:

WAIVER OF LIABILITY

In consideration of the City of Grand Prairie allowing me (my child/children) to participate as a Volunteer, and being aware of the possible injuries that could occur as a result of that participation, I on behalf of myself (my minor child/children) release the City of Grand Prairie officials, employees, agent,
Instructors from any and all injuries and damages whatsoever arising from participation in the event.
I, my heirs and representative, agree to indemnify, save and hold harmless the City of Grand Prairie, its officials, employees, and agents from any and all claims made by me (my child/children) or my insurer for injuries or damages related to this event.

Initials:_____

Release of Photographs and likeness

1. Grant the City of Grand Prairie permission to use my minor child's likeness, voice, photograph and words in any form for promotional activities without payment or consideration
2. Grant permission to use, edit, alter or copy my minor child's photographs in any and all publications including Web sites without payment or any other compensation.
3. Grant the City of Grand Prairie all rights to release any photos taken of me or by me to the media **Initials**_____

Medical Release

I understand that in case of serious injury or illness, I will be notified as soon as possible. If it is impossible to reach me in a timely manner, I hereby give/grant my permission for emergency medical treatment as recommended by the attending physician for my minor child. **Initials**_____

Waiver

During the course of instructions, the students will have the opportunity to utilize replica or facsimile weapons. These mock weapons will be similar in size and weight to an actual weapon but, are completely inoperable and, incapable of firing a projectile.

During the course of instruction, the student may be exposed to real images of crime scene investigations that some might find disturbing. They will be used in an instructional manner with no intent to shock or harm anyone, they are designed to allow the student to understand the nature of Police work. **Initials**_____

Arrival and departure from Academy

I will assure that my child will be arrive every day, no earlier than 15 minutes before the start time and will return to pick up my child no later than 15 minutes after the day of instruction has been completed. I will contact the Class advisor (contact information will be provided on the first day of class) if there are any delays. Failure to arrive on time, or be picked up at the correct will be reason to remove the student from the academy. **Initials**_____

Physical fitness:

I certify that my minor child is of good physical condition and capable of mild physical activity. I have also listed all physical conditions and medical conditions that may be pertinent:

_____

_____**Initials**_____

Name of Legal Guardian:_____

Address:_____City State_____Zip Code_____

****

Signature:_____

Notary Public Signature:_____Date_____

****

County of:_____

NOTARY STAMP

References

A minimum of two references are required for each applicant that can attest to the student's behavior, overall demeanor and suitability for the Teen academy program. These references may be teachers, neighbors or friends (not relatives) of the applicant's immediate family.

Reference 1

Name:_____ Relationship to applicant:_____

Do you believe the applicant would be a good candidate for the Teen Academy program? Yes ( ) No ( )

Brief explanation of your answer:

_____

_____

_____

Signature:_____Date:_____

Telephone number:_____

Reference 2

Name:_____ Relationship to applicant:_____

Do you believe the applicant would be a good candidate for the Teen Academy program? Yes ( ) No ( )

Brief explanation of your answer:

_____

_____

_____

Signature:_____Date:_____

Telephone number:_____

Applicant, please hand write a short explanation of why you wish to attend the Grand Prairie Police Teen Academy.

_____

Background investigation worksheet

			Investigators Comments
Nams File	☐ COMPLETED	☐ REJECTED See Comments	
CCH	☐ No CCH	☐ REJECTED See Comments	
Sex Offender Database	☐ No Entries	☐ REJECTED See Comments	
School discipline records	☐ ACCEPTABLE	☐ REJECTED See Comments	
School attendance record	☐ ACCEPTABLE	☐ REJECTED See Comments	

Investigators Summary:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Background Investigators Signature:_____**Badge #**_____

Date Completed:_____