



The Wilmington Police Department is accepting applications for the Youth Police Academy.

The academy is a two-week program for youth ages 12 to 17 designed to teach teens about police work and, in turn, establish positive relationships between the police department and the city's youth. Participants will attend a mock police academy where they will learn about various aspects of law enforcement duties through hands-on activities, role plays, team-building exercises, and field trips. There is also a physical training component.

The two-week course takes place from Monday, June 20 to Friday, July 1, 2016, and will be held daily from 9:00 a.m. to 2:00 p.m. at the William G. Turner Building, 500 Wilmington Avenue, Wilmington, DE. There is no cost to attend; however, class size is limited. Breakfast and lunch will be provided to participants.

Applications for the youth academy can be obtained at the Wilmington Police Department, 300 N. Walnut Street, Wilmington, DE or online at [www.WilmingtonDE.gov/government/youthpoliceacademy](http://www.WilmingtonDE.gov/government/youthpoliceacademy).

The application deadline is Friday, May 27, 2016.

For more information contact:

Lt. Ruth A. Townsend  
Special Operations Division  
[ruth.townsend@cj.state.de.us](mailto:ruth.townsend@cj.state.de.us)  
(302) 576-3692

## **City of Wilmington 2016 Youth Police Academy Application**

The Youth Police Academy is designed to establish a positive relationship between the Wilmington Police Department and the city's youth.

In addition, the goals of the academy are:

- To develop responsible citizenship
- To provide positive interaction with police officers and to educate our youth about the challenges and responsibility of police work.

The Youth Police Academy training curriculum will include the following areas:

- Conflict resolution
- Fingerprinting
- Crime scene investigation
- Drug awareness
- Traffic and criminal law
- Building searches
- K-9 and Bomb (may include demonstrations with robot)
- Physical agility training (push-ups, sit-ups, light calisthenics, etc.)
- First aid
- Gang awareness
- Juvenile Justice System
- Arson and fire safety
- Report writing
- Internet safety

**Complete the application below and submit it to the Wilmington Police Department by Friday, May 27, 2016.**

Online: [www.WilmingtonDE.gov/government/youthpoliceacademy](http://www.WilmingtonDE.gov/government/youthpoliceacademy)

By email: [ruth.townsend@cj.state.de.us](mailto:ruth.townsend@cj.state.de.us)

In person: Wilmington Police Department  
William T. McLaughlin Public Safety Building  
300 N. Walnut Street  
Wilmington, DE 19801

**City of Wilmington**  
**2016 Youth Police Academy Application**

**PERSONAL INFORMATION**

Name:	Date of Birth:
Home Address:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Phone Number:	T-shirt Size: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> <i>Adult Size</i>
Mother's Name:	
Cell Phone Number:	Home Address:
Father's Name:	
Cell Phone Number:	Home Address:

**EDUCATION**

Name of School Enrolled:	Highest Grade Completed:
Name of Principal:	School Phone Number:

**BACKGROUND**

Please explain briefly why you wish to enroll in the Wilmington Police Department Youth Police Academy.

Please list any clubs or organizations you may belong to or be affiliated with.

Have you ever been arrested for, convicted of, and/or cited for any offense? Yes  No

If yes, explain in detail listing dates, charges, and actions taken.

## REFERENCES

Reference #1 Name:	Relationship:
Address:	Phone Number:
Reference #2 Name:	Relationship:
Address:	Phone Number:

## EMERGENCY CONTACTS

Please list two immediate family members or close relatives that can be contacted in the case of an emergency.

Name:	Relationship:
Address:	Phone Number:
Name:	Relationship:
Address:	Phone Number:

## MEDICAL INFORMATION

*By signing this application, I understand that this information is given voluntarily and is part of my health record maintained by the Wilmington Police Department. I also understand that this information is kept confidential and is only referred to in the event of an emergency.*

1. Please list any medications either prescribed or over the counter that your child is currently taking. Describe the purpose of the medications prescribed.
  
  
  
  
  
  
  
  
  
  
2. Describe any allergies that your child may have.
  
  
  
  
  
  
  
  
  
  
3. Has your child ever been hospitalized? Yes  No   
If yes, please explain.

4. Is your child currently under the care of a physician? Yes  No   
If yes, please provide the physician's contact information.

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

5. Does your child have high blood pressure? Yes  No
6. Are there any medical problems or disabilities that may affect your child during this program?  
Please explain if your child requires special care (e.g. hearing impaired).

7. Which hospital should the Wilmington Police Department contact in the event your child becomes ill/injured and needs medical attention, and attempts to contact the emergency contact persons listed above have failed?

\_\_\_\_\_

I consent to allow the Wilmington Police Department to contact the hospital I have indicated on this application in the event medical treatment is needed for my child.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

By signing this application, I certify that the health history statement is true and that my child is able to participate in the Wilmington Police Department Youth Police Academy.

I hereby grant permission for my child to participate in all physical activities to be held at the Wilmington Police Department Youth Police Academy.

I understand that the Wilmington Police Department Youth Police Academy concludes daily at 2:00 p.m., and that all participants must be picked up by a parent or guardian promptly at that time.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE