



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

YOUTH ACADEMY APPLICATION

The Culpeper County Sheriff's Office Youth Academy is structured so that young adults can have an opportunity to experience some of the training, procedures, and technology that are utilized by today's law enforcement. The daily classes will consist of mainly hands on activities in criminal investigations, evidence recovery, patrol practices, defensive tactics, and firearms. The participants will also attend demonstrations from the various specialized units that are available to law enforcement such as K-9 Unit, Motor Squad, and SWAT. The participants will take field trips to the Culpeper County Jail, a firearms range, Culpeper E-911 Communication Center, Culpeper County Courthouse, and other law enforcement related locations as available. Additionally, participants will have the opportunity to attend CPR Training and upon successful completion be certified in CPR/AED and First Aid.

Any Culpeper resident who is enrolled in high school for the 2024-2025 school year may apply (ie: 8th graders rising into 9th grade are eligible). There is no age requirement or fee to participate. The attached Application Packet must be completed, in its entirety, and submitted prior to the deadline; June 28, 2024 at 4pm. Applications will be evaluated on a "first come, first serve" basis. Class size is limited to the first 25 qualifying individuals.

Application Requirements

1. Enrolled in High School for 2024-2025 school year.
2. Must be a Culpeper County Resident.
3. Must be a United States citizen.
4. Must not have been convicted of any major criminal acts.
5. Parent/Legal Guardian must sign a waiver form.

Please complete the attached application and be sure to have a parent/guardian signature. Return the completed application to the following address:

Culpeper County Sheriff's Office
ATTN: Youth Academy
14023 Public Safety Court
Culpeper, VA 22407

After the application is received, the Sheriff's Office will perform a criminal background check and contact all references. Please Note: This process may take a few weeks to complete. After all information is processed, the Sheriff's Office will contact the applicant. If you need any further information, please contact Culpeper County Sheriff's Office, Deputy Melissa Boorman at (540) 718-8358 and/or Master Deputy Melvin White (540) 718-0850.

Sheriff Timothy W. Chilton



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

Attendance requirements for Youth Academy

The Youth Academy will be held July 22 thru July 26, 2024 from 8am until 3pm each day, unless otherwise advised. Each participant will be expected to be in attendance and on time for all of the scheduled classes and activities, except for absences due to unforeseen emergencies.

Due to the structure of the program, parents/guardians are not able to attend with the participant. Parents/guardians will be allowed to the graduation ceremony.

Subjects covered in the Youth Academy:

- Law Enforcement Academy Life
- Law Enforcement Physical Training
- Role of Law Enforcement in the Community
- Jail Operations
- Court Operations
- E-911 Operations
- Basic Crime Scene Investigation
- Firearms Safety (Live Fire on Range)
- Crime Scene Processing
- K-9 Operations
- Patrol Operations
- Basic Explosive Awareness
- SWAT Operations
- Defensive Tactics
- Traffic Unit Operations
- CPR / AED / First Aid Certification

ADVISORY

The Youth Academy will adhere to a strict code of conduct and participation standards. All participants will be expected to conduct themselves in a manner consistent with good citizens of the community, a law enforcement officer, and any rules associated with the Youth Academy.

Parental Consent - Waiver/Release of Claims form and the Emergency Medical Treatment form are required before anyone is allowed to participate in the program.

Additional information will be enclosed with the Applicant's Acceptance letter after the application process has been completed.



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

YOUTH ACADEMY APPLICATION

Applicant Information:

PLEASE PRINT CLEARLY

Applicant Name: _____

Date of Birth (month/day/year): _____ / _____ / _____

Address: _____

Home Phone: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

Social Security Number: _____

Place of Birth: _____

Drivers License Number: _____

Hobbies / Interest: _____

Grade (School Year 2024-2025): _____

T-Shirt Size: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Home Phone: _____

Address (if different from applicant): _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Contact Information: (other than parent/guardian listed above):

Name: _____

Cell/Home Phone: _____

Background Information - Answers are not automatic disqualifiers for participation in the program.

1) Have you ever been charged with a crime?

Yes No

If yes, indicate date, jurisdiction and nature of offense:

2) Have you ever received a traffic summons?

Yes No

If yes, indicate date, jurisdiction and nature of offense:

Current Employer:

Business Name: _____

Manager Name: _____

Phone #: _____

Manager's Email: _____

Address: _____

References: LIST 3 ADULTS THAT ARE NOT RELATED BUT KNOWLEDGABLE OF YOUR CREDIBILITY AND REPUTATION

Name: _____

Occupation: _____

Address: _____

Phone #: _____

Name: _____

Occupation: _____

Address: _____

Phone #: _____

Name: _____

Occupation: _____

Address: _____

Phone #: _____



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

PARENTAL CONSENT FORM for CHILD PARTICIPANT - WAIVER / RELEASE of CLAIMS

APPLICANT'S NAME: _____

I wish my child, the above-named participant, to participate in the CULPEPER COUNTY SHERIFF'S YOUTH ACADEMY PROGRAM herein after "Activity" sponsored by the Culpeper County Sheriff's Office.

I have been given information describing the nature of the Activity and the nature of the risks and dangers involved. I certify that I understand the nature of the Activity, its risks, and dangers. I understand and acknowledge that some of the injuries and/or illnesses which may result from participating may include, but not be limited to, exertion, sprains/strains, fractured bones, head or back injuries, paralysis or even death.

NOTWITHSTANDING, and with full and complete understanding of all dangers and risks the Activity involves, I voluntarily consent to my child's participation in the Activity and assume full responsibility and all risks of any kind, including personal and bodily injuries, death, and property damage that may be sustained as a result of my child's participation in the Activity. I agree to hold harmless Culpeper County, its Board of Supervisors, and/or the Culpeper County Sheriff's Office, including their officers, directors, employees, agents and volunteers (the "County") from any claims, liabilities, or causes of action of every nature and kind (including the cost of investigation) arising out of any act or omission by me or my child which involves, or in anywise relates to, my child's participation in this Activity.

I agree that the County may discontinue the Activity or require my child to leave the Activity or the premises on which the Activity is conducted at any time for any reason.

I authorize the County to seek emergency medical treatment for my child and to arrange for his or her transportation to a medical facility in the event of a medical emergency, a determination that I agree shall be within the discretion of the County if I am not present at the Activity to make such determination myself. I also authorize the County to disclose the consent of this form to any medical agency, medical staff engaged in providing medical services that may be required in the event of a medical emergency involving my child.

Culpeper County Sheriff's Office has my permission (both during and anytime after) to use my child for publication or posting of photos, quotes, audios, or videos on the Culpeper County Sheriff's Office sponsored web pages or Culpeper County Sheriff's Office Social Media.

I CERTIFY that I am: 1) the parent or legal guardian of the above-referenced child participant, 2) over eighteen (18) years of age; 3) mentally competent to consent to my child's participation in the consenting to release Culpeper County, its Board of Supervisors and/or the Culpeper County Sheriff's Office of any and all claims that may arise out of my child's participation in the Activity. I further consent that this Consent and Waiver/Release and Assumption of Risk shall be binding on the child, all other natural or adoptive parent(s) of my child, my heirs, executors, next of kin and assigns, or any other person who may claim by or through me. I acknowledge that the County has offered me no compensation, medical payments coverage, or other benefits in connection with the Activity.

READ THE FOREGOING RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK BEFORE SIGNING. THIS DOCUMENT IS VALID UNTIL REVOKED IN WRITING AND REVOCATION DELIVERED TO CULPEPER COUNTY SHERIFF'S OFFICE.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

APPLICANT ESSAY

Please use the space below to describe the reason(s) you, the Applicant, would like to participate in the Culpeper County Sheriff's Office Youth Academy. Include information about what you think makes you a good candidate for selection, what you expect to gain from the completing the Academy, and what you plan to do with the knowledge and experience you gain while participating.

Applicant Signature: _____

Date: _____



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

MEDICAL RELEASE FORM

Applicants Name: _____

Date of Birth (month/day/year): _____ / _____ / _____

Insurance Company: _____

Policy Holders Name: _____

Policy Number: _____

Family Physician: _____

Physician's Address: _____

Physician's Phone #: _____

Please list any and all medical conditions, disabilities, medications and allergies that your son/daughter may have:

In the event of an illness or injury to my child while participating in the Culpeper County Sheriff's Office Youth Academy, I consent to X-ray examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgement of the attending physician and performed by a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

Parent / Guardian Signature: _____

Parent / Guardian Name: _____

Emergency Contact Number: _____

Emergency Contact Information: (other than parent/guardian listed above):

Name: _____

Cell/Home Phone: _____

Name: _____

Cell/Home Phone: _____



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

FIELD TRIP RELEASE

During the weeklong Culpeper County Sheriff's Office Youth Academy, your child will have the opportunity to visit the Culpeper County Jail, Culpeper County Courthouse, Culpeper Communications E-911 Center, a Firearms Range, National Law Enforcement Museum (Washington, DC) and possibly other law enforcement-related locations. Transportation will be provided by the Culpeper County Sheriff's Office and/or Culpeper County Public Schools Transportation Division.

I authorize my child to attend the fieldtrips while participating in the Culpeper County Sheriff's Office Youth Academy.

Applicants Name:

Parent / Guardian Signature:

Parent / Guardian Name:



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

TO BE COMPLETED BY CADET ADVISOR

Date Completed

APPLICATION RECEIVED		
CAD HISTORY		
RMS HISTORY		
LINX HISTORY		
DRIVERS LICENSE STATUS		
DRIVER TRANSCRIPT		
REFERENCES CHECKED		
INTERVIEW DATE		
ACCEPTED / DENIED		