



# *Culpeper County Sheriff's Office*

Scott H. Jenkins, Sheriff



14023 Public Safety Court Culpeper, VA 22701

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

## ***CULPEPER COUNTY SHERIFF'S OFFICE YOUTH ACADEMY***

### **What is the application procedure?**

Any Culpeper resident who is enrolled in high school for the 2022-2023 school year may apply (example: 8<sup>th</sup> graders rising into the 9<sup>th</sup> grade are eligible). There is no age requirement but the individual must be enrolled in high school. The attached Application Packet must be completed, in its entirety, and submitted prior to the listed deadline. Applications will be evaluated on a "first come, first serve" basis. Class size is limited to the first 25 qualifying individuals.

Applications must be returned prior to 4 pm on July 15, 2022 to be considered. They may be hand-delivered or mailed to the Culpeper County Sheriff's Office, Attn: Youth Academy, 14023 Public Safety Court, Culpeper, VA 22701.

### **What can my child expect from attending the Youth Academy?**

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 the K-9 Unit, Motor Squad, and SWAT. The participants will take field trips to the Culpeper County Jail, a firearms range, Culpeper E-911 Communications 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.

### **Is there a fee to participate in the Youth Academy? What is included?**

There is no fee to participate in the Culpeper County Sheriff's Office Youth Academy. Each Student will receive a shirt, all necessary training materials and, upon successful completion, a certificate and CPR / First Aid card.

## What Subjects are 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 Explosives Awareness
- SWAT Operations
- Defensive Tactics
- Traffic Unit Operations
- CPR / AED / First Aid certification

## What are the attendance requirements for the Youth Academy?

The Youth Academy will be held July 18 thru July 22, 2022 with classes running from 8am until 3 pm each day. 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.

## What if my child is unable to participate in the physical activities?

If your child is unable to participate in any physical activities due to a medical condition, a waiver will be considered and reasonable accommodations will be made. All medical or physical concerns **MUST** be reported to the Academy Director, Deputy Rob Hefner, prior to the start of the Academy.

## Are parents/guardians able to visit/attend the program?

The Youth Academy is designed to operate along the same guidelines outlined in a modern day law enforcement academy. Due to the structure of the program, only the instructors, participants, and those associated with the program will be permitted to interact during training. The graduation ceremony will provide the parents/guardians an opportunity to view the training that each cadet has received.

## **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 and medical clearance 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.



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## Youth Academy Application

Applicants must be residents of Culpeper County and enrolled in high school (example: 8<sup>th</sup> graders rising into the 9<sup>th</sup> grade for the next school year are eligible). Applicants will be evaluated on a "first come-first served" basis and must be received by July 15, 2022. Class size is limited to 25 participants. Applications can be mailed or delivered to Culpeper County Sheriff's Office Attn: Youth Academy, 14023 Public Safety Ct, Culpeper, VA 22701.

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade (for School Year 2018-19): \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

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

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

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Other#: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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 completing the Academy, and what you plan to do with the knowledge and experience you gain while participating.*

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**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Emergency Contact Information**

The following designated individuals may act on behalf of the parent/guardian in case of an emergency where the parent/guardian cannot be reached. This information must be filled out before your child can participate in the Culpeper County Sheriff's Office Youth Academy.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT FORM**

TO: EMERGENCY ROOM MEDICAL STAFF

My son/daughter, \_\_\_\_\_, has my permission to participate in the Culpeper County Sheriff's Office Youth Law Enforcement Academy. In the event of an illness or injury to my son/daughter while participating in this activity, I consent to X-ray examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of 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.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Family Physician Information

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Insurance Information**

Insurance Company: \_\_\_\_\_

Policyholders Name: \_\_\_\_\_

Policy#: \_\_\_\_\_ Exp: \_\_\_\_\_

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

Parent/Guardian Information

Name: \_\_\_\_\_

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

Phone: (please list home, work and cell phones) \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: (please list home, work and cell phones) \_\_\_\_\_

Authorization

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field Trip Release**

During the weeklong 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, 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.

Please complete the section below authorizing your child to participate in these trips.

I \_\_\_\_\_ hereby authorize my son/daughter  
\_\_\_\_\_ to attend the fieldtrips while participating  
in the Culpeper County Sheriff's Officer Youth Academy.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CULPEPER COUNTY SHERIFF'S OFFICE**  
**Parental Consent Form For Child Participant**

An Accredited Law Enforcement Agency  
culpepersheriffsoffice.com



Waiver/Release of Claims

CHILD'S NAME \_\_\_\_\_  
PARENT INITIALS \_\_\_\_\_

I wish my child, the above-named participant, to participate in the **SHERIFF'S OFFICE YOUTH ACADEMY** herein after "Activity" sponsored by the Culpeper County Sheriff's Office on the following date(s) **JULY 18 – 22, 2022.**

I have been given specific information orally and/or in writing describing the nature of the Activity and the nature of the risks and dangers involved.

I certify that I have listened to and/or read the information about the Activity, and 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 in athletic activities including this specific Activity 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.

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.

**CAUTION: READ THE FOREGOING RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK BEFORE SIGNING. THIS DOCUMENT IS VALID UNLESS AND UNTIL REVOKED IN WRITING AND REVOCATION DELIVERED TO CULPEPER COUNTY.**

Name of Child: \_\_\_\_\_

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

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