APPLICATION

Please fill out the following requested information completely. Also, please print all answers clearly.

Any false, incomplete, or illegible information will exclude the applicant from participating in the program.

The Teen Police Academy will simulate actual law enforcement training. The teen will learn different laws and rules that apply to various situations the Hancock County law enforcement officers may deal with on a regular basis. The teen will be put through some classroom instruction followed by actual role-plays that will give the teen an opportunity to experience situations that police officers face every day. It is our hope that the teen will better understand law enforcement while learning good decision-making and leadership skills.

The academy will last one week during the summer months (June 10 - 14) and will be held at Greenfield-Central High School. The schedule will consist of daily physical training, classroom instruction and scenario training. Each day will end with a physical/social activity with the officers and teens. Students will receive a Teen Police Academy T-shirt on the first day and will be required to wear these everyday. We also require that the teens wear comfortable athletic shoes and black athletic shorts everyday. The academy will start promptly at 8:00 AM and end at 4:00 PM, Monday - Thursday and 12:00 PM to 8:00 PM on Friday. Lunch will be provided each day. There will be graduation dinner with family and friends on Friday at 6:00 PM at the Greenfield High School Cafeteria. Please plan to attend.

Teens should be between the ages of 13-17 and in good physical health. For further information about the Teen Police Academy, please call Sgt. Bridget Foy at 317-477-1147. Attendance everyday is mandatory in order to graduate from the program.

Please keep this page for your own personal record
CODE OF CONDUCT

• Recruits will refrain from physical and verbal violence towards other recruits and academy staff.

• Recruits will act in a professional manner at all times and follow directions from the academy staff.

• Recruits will wear the uniform supplied, along with athletic sneakers during each academy day.

• Recruits will wear their uniforms appropriately and in accordance with the academy rules.

• Recruits will refrain from vulgar, offensive or threatening speech.

• Recruits will follow all the rules and regulations as directed by the academy staff.

• Recruits will refrain from bullying, teasing or harassing other recruits.

• Recruits will arrive promptly on each morning of the academy.

• Recruits will not be allowed to bring iPods, MP3 players, video games, or other electronic gaming or music devices to the Academy.

• Cell phones are allowed but must remain off or silent and will only be used for emergencies.

• Any injuries or illnesses suffered by the recruit should immediately be brought to the attention of an instructor.

• Any act or threat of physical violence towards another recruit or staff member will result in the recruits’ immediate removal from the program.

• Recruits who violate any of the Academy rules will be expelled from the program.
Student’s Name: First __________________________ Last: __________________________

Home Address: ________________________________________________________________

Sex: ______ Age: _____ Date of Birth: __________________________

School Name: __________________________________ Next Grade Attending: __________

Home Phone: __________________________ Alternative Phone: ______________________

Email Address: ______________________________________________________________

Driver’s License Number (If Applicable): ________________________________________

Parent/Guardian’s Name: First __________________________ Last: ______________________

Parent/Guardian’s Phone: Home __________________________ Work or Cell: ______________

Emergency Contact Name: First __________________________ Last: _____________________

Emergency Contact Phone: Home __________________________ Work or Cell: ______________

Relationship to Child: _________________________________________________________

Has Applicant Ever Been Arrested? ________ Date & Reason: ______________________

(All Applicants Are Subject To Background Checks)

T-Shirt Size: __________________________ (Adult Sizes S-XL)

Have you previously attended the Teen Police Academy? __________ If yes, what year?

By signing this form, I grant my child permission to participate in the Teen Police Academy, furthermore, I certify that all information contained in this application is correct and truthful to the best of my knowledge.

Parent or Legal Guardian Signature: __________________________________ Date: __________
HANCOCK COUNTY SHERIFF’S DEPARTMENT & GREENFIELD POLICE DEPARTMENT  
TEEN POLICE ACADEMY WAIVER FORM

I, ________________________________, being the parent or guardian of  
______________________________, give my permission for my son/daughter to participate in the Hancock County Sheriff’s Department Greenfield Police Department Teen Academy, June 10 thru June 14, 2019. I understand that my child will be participating in physical activity as part of the Teen Academy.

I furthermore agree to hold Hancock County Sheriff’s Department, Greenfield Police Department, the city of Greenfield, and any and all of its employees of any injury sustained during any transportation to and from any location in any such vehicle in the name of the city of Greenfield, Hancock County Sheriff’s Department, Greenfield Police Department or Greenfield-Central School Corporation participating in the Teen Academy.

By signing this waiver below, I hereby waive any claim, civil/criminal, the undersigned might have against the Hancock County Sheriff’s Department, Greenfield Police Department or the city of Greenfield, and its employees, for any personal injury or property damage which may result to the undersigned during the time he/she will be a participant in the Hancock County Sheriff’s Department & Greenfield Police Department Teen Police Academy.

The undersigned agrees to have his/her child obey any and all directives or orders of any member of the Hancock County Sheriff’s Department & Greenfield Police Department while he/she is engaged in any and all activities relating to the Teen Police Academy, as well as strictly adhere to any departmental safety rules and/or regulations.

The undersigned also understands that the Teen Police Academy generates interest from the news media, both print, internet and televised, and authorizes the release of my child's image for use in any news media story relating to the Teen Police Academy. I also authorize the release of my child's image (not name) for use in any and all presentations or other media to be used for or by the Hancock County Sheriff’s Department & Greenfield Police Department regarding this program.

Parent/Guardian Name: ________________________________

Signature: ________________________________  Date: ____________
MEDICAL WAIVER/RELEASE

Please fill out the following requested information completely. Please print all answers clearly. Any false, incomplete or illegible information will exclude the applicant from participating in this program. Does your child suffer from any medical conditions including allergies: _____ if yes, please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does your child require any medication on a daily or emergent basis? _____ Is yes, please explain.

________________________________________________________________________

________________________________________________________________________

Are there any other special needs that the staff of the Teen Police Academy should be aware of?

________________________________________________________________________

________________________________________________________________________

I, the undersigned parent/guardian of ____________, state that the above health history information provided to the Hancock County Sheriff’s Department & Greenfield Police Department is true and that my child is physically able to participate in the Teen Police Academy. I further understand that any and all medical costs related to any injuries will be the sole responsibility of the undersigned parent/guardian.

I hereby certify that ____________________________ is of satisfactory health and has no underlying medical conditions that would prohibit him/her from participating in physical training exercises performed during the course of the Teen Police Academy.

Parent/Guardian Name: __________________________________________

Signature: ___________________________________________ Date: ____________