



MARQUETTE COUNTY SHERIFF'S OFFICE YOUTH POLICE ACADEMY

The Marquette County Sheriff's Office, under the guidance of Sheriff Zyburt, has created a Community Outreach Program designed to allow youth interested in law enforcement to hear and see personally how police matters are handled. This program hopes to give those interested in a career in law enforcement a better understanding of the profession and allow the individuals to further their interest in the career field.

The Marquette County Sheriff's Office is an equal opportunity employer. All programs are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, or family status.

As with any program, there must be clear and established guidelines. Therefore, the following guidelines have been established:

- A. Applicants must be between grades 7 through 12.
- B. To participate in the Youth Police Academy, interested individuals must completely and truthfully complete the application form and return the form to the Marquette County Sheriff's Office by October 30, 2018 by 4p.m.
- C. Once the form is completed and returned, a criminal history check will be run on the applicant. The applicant cannot have been convicted of a felony or serious misdemeanor.
- D. The Youth Academy is 8 weeks, one day (Tuesday) a week for 2 hours per class.
- E. The applicant is responsible for reading and signing the Youth Academy Program Waiver and Rules of Conduct.
- F. Applicants must wear the provided uniform T-shirt to every class.
- G. The Sheriff, Command Staff, and/or Instructors of the Youth Academy may deny a participant from further participation in the Youth Academy if found to be violating the Youth Academy Rules of Conduct or if the participant is believed to be under the influence of any substance that causes disruption of instruction.
- H. The Sheriff, Command Staff, Officer/Instructor may terminate any Youth Academy class or the entire program at any time for any reason.



RULES OF CONDUCT

Failure to follow the instructions of the Marquette County Sheriff's Office Youth Police Academy may result in immediate removal from the program. Any questions regarding the rules should be discussed with the officer instructing the Youth Academy.

Youth Academy Participants will:

- A. Remain a civilian with no police powers.
- B. Show respect for and cooperate with fellow classmates, volunteers, and staff.
- C. Under no circumstance, commit or threaten violence toward any individual, group, or the program.
- D. Under no circumstance, possess, sell or consume alcohol or any controlled substance, including tobacco or electronic cigarettes.
- E. Under no circumstance, attend or participate in a class or a Youth Academy event under the influence of alcohol or a controlled substance, including tobacco or electronic cigarettes.
- F. Not use Department computers or communication equipment except in extreme emergencies or unless are being directed and monitored by Youth Police Academy Staff. The confidentiality of the information and records of the Department must be respected and maintained.
- G. Not operate a vehicle of the any Police or Sheriff's Department while participating in the Youth Academy.
- H. Obey any and all instructions given by the officer instructing the Youth Academy.
- I. Not use any cameras, tape recorders, or cell phones during the Youth Academy instruction.
- J. Not possess any weapons on their person, including knives, during instruction of the Youth Academy.
- K. Not release information regarding a criminal investigation.
- L. Not engage in behavior detrimental to the operations of the Marquette County Sheriff's Office or any other participating law enforcement agency in the Youth Academy.
- M. Refrain from negative contacts with law enforcement.

I have read and I understand the Rules of Conduct for the Marquette County Sheriff's Office Youth Police Academy. I agree to abide by the rules stated above. I understand I may be removed as a participant from the program, if I fail to follow these rules.

Participant

Date

Parent/Guardian

Date



MARQUETTE COUNTY SHERIFF'S OFFICE

YOUTH POLICE ACADEMY APPLICATION

Full Name: _____ Race: _____ Sex: _____ DOB: _____
Please Print

Home Address: _____
Street City State Zip Code

Primary Phone: _____ Mobile Phone: _____
Include area code

Parent/Guardian Name: _____ Email Address: _____
Please Print

Home Address: _____
Street City State Zip Code

Work Address: _____
Street City State Zip Code

Primary Phone: _____ Mobile Phone: _____ Work Phone: _____
Include area code

Emergency Contact: _____ Phone: _____ Address: _____
(if parent/guardian not available)

Second Emergency Contact: _____ Phone: _____ Address: _____

Shirt Size: Small Medium Large X-Large

Why would you like to attend the Youth Police Academy: _____

Are you currently under the jurisdiction of any court in these United States? Y N

Are you under the orders of a personal protective order or bond restrictions? Y N

By signing below, you:

- Authorize the Marquette County Sheriff's Office to conduct a background investigation to determine your eligibility to participate in the Youth Police Academy.
- Certify that the information supplied with your application is accurate.

Applicant's Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____



FOR DEPARTMENT USE ONLY

DO NOT FILL OUT ANY SECTION ON THIS PAGE.
PAGE MUST BE TURNED IN WITH APPLICATION.

DEPARTMENT USE ONLY

NCIC/LEIN/CCH completed and attached:_____ Copy of ID if available attached:_____

Prepared by:_____ Date:_____

If participant is not approved, give reason:_____



YOUTH POLICE ACADEMY ACKNOWLEDGEMENT OF RISK, WAIVER, & RELEASE FORM

I grant permission for my child to participate in the Marquette County Sheriff's Office Youth Police Academy. I understand that the Youth Police Academy consists primarily of classroom based instruction that includes topics such as accidents, arrests, dangerous weapons, assaults, and contact with abnormal persons, etc., but may also include active role play, self-defense training, and work with a simulator. I also understand that participation in Youth Police Academy activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death.

I understand my child has a role to play as regards to his or her safety and security. I will speak with my child about the need to listen to instructions, honor safety rules, and to behave responsibly.

I understand that I am expected to carry my own insurance policy, including complete medical coverage.

Acknowledging these foreseeable dangers, and, in consideration for my child's ability to participate in the Youth Police Academy, I release waive, discharge, and agree not to sue the Marquette County Sheriff's Office and all other participating law enforcement agencies, the County of Marquette, and all employees, agents, and elected officials, from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from the above risks, including those caused by the negligent acts or omissions of any or all of the Releasees.

I have read and understand this Consent, Acknowledgement of Risk, Release and Waiver.

Participant Signature: _____ Date: _____

Participant Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Signature of Department Witness: _____ Date: _____

Department Witness Printed Name: _____



YOUTH MEDIA RELEASE

(Optional – Not Required for Participation)

I authorize the Marquette County Sheriff's Office to record my child's image and/or voice for use by the Marquette County Sheriff's Office or its assignees in education and promotional programs and materials. I understand and agree that these audio, video, or film images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

Participant Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____



YOUTH HEALTH FORM

Full Name: _____ DOB: _____

Please Print

Home Address: _____
Street City State Zip Code

Does the participant have any chronic health problem or illness? Y N If yes, what illnesses: _____

Does he or she have any acute illnesses now? Y N If yes, what illnesses: _____

Does he or she have any allergies? Y N If yes, what allergies: _____

Medications he or she may need to take in class? Y N If yes, explain: _____

YOUTH MEDICAL AUTHORIZATION RELEASE

I recognize that while attending the Youth Police Academy, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Participant Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____