

Onondaga County Sheriff's Office

Youth Law Enforcement Academy

Application



Onondaga County Sheriff's Office

407 South State Street

Syracuse, New York 13202

(315) 435-3006

Youth Law Enforcement

ACADEMY APPLICATION PACKET

The Onondaga County Sheriff's Office Youth Law Enforcement Academy is accepting applications from students entering the 8th, 9th, 10th & 11th grade. The purpose of the Academy is to foster relationships that will bridge the gaps between law enforcement and youth while also exposing them to future careers in serving their community. The goal of the program is to motivate young people to be outstanding citizens and to empower them to act as a positive influence in our community. The week and a half long Academy blends classroom learning with hands on activities to expose cadets to a variety of topics including: Physical training, Patrol tactics, Correction & Custody tactics, Criminal Investigations, K9 demonstration, SWAT & SERT presentations and much more.

The Academy meets weekdays from 8:30 a.m. to 3:00 p.m. Cadets will be expected to be on time each day and should be picked up no later than 3:30 p.m. They will need to bring a bag lunch for each day. The cadets will receive a t-shirt along with a water bottle. Each cadet will be expected to participate in physical training at the beginning of each day.

There are a limited number of openings. To be considered, candidates must prove a "C" or better grade average and must complete all forms include: recommendation, signed releases and waivers, and a short essay.

The summer 2019 Youth Law Enforcement Academy will held from July 15 –26 (8:30 a.m. – 3:00 p.m. eachday). The deadline for the application is June 1, 2019.

Packet Contents:

- ◆ Application
- ◆ Recommendation
- ◆ Medical & Travel Release Forms
- ◆ Participation Guidelines
- ◆ Essay Guidelines

Completed application packets can be returned to the Onondaga County Sheriff's Office c/o Sgt. Jon Seeber, 407 South State Street, Syracuse, NY 13202.

For more information contact the Community Relations Unit at 315-435-3006

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Please Print

Name: _____
Last First MI

Address: _____
Street C/T/V ZIP

Phone: _____ Email: _____

Grade Level for 2019/2020 School Year (circle one) 8 9 10 11

School: _____

Shirt Size (circle one) Adult S M L XL XXL

Parent or Guardian Name: _____

Phone: _____ Secondary Phone: _____

In consideration of the benefits that my child will receive from his/her participation in the Onondaga County Sheriff's Office Youth Law Enforcement Academy, I do hereby release the County of Onondaga, the Sheriff of Onondaga County, the Sheriff's Office, all Sheriff's Deputies, public officials, agents and employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to my child or to my property arising out of or related to any happening or occurrence while my child is participating in the academy. I attest my child is physically fit and able to attend the Onondaga County Sheriff's Office Youth Law Enforcement Academy. I also authorize the staff of the Onondaga County Sheriff's Office to transport my child to locations for academy programs. I give permission to the Onondaga County Sheriff's Office to use or release any media (photographs, video, etc.) involving my child while participating in the Youth Law Enforcement Academy. I understand that this media may be released to local newspapers, television stations, and/or included on the Onondaga County Sheriff's Office official websites and other promotional material for the Onondaga County Sheriff's Office.

Signature of Parent or Guardian

Date

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RECOMMENDATION

Each applicant is required to have a recommendation. Acceptable recommendations can be from the following:

- ◆ Your current school Principal/Administrator
- ◆ Your current school Counselor
- ◆ A teacher or other staff member at your school.
- ◆ A Public Official

Applicant Name: _____

The above named applicant is applying to attend the Onondaga County Sheriff's Office Youth Law Enforcement Academy. By signing below you are providing them with your recommendation.

Name: _____

Phone Number: _____

Relationship to applicant: _____

Signature: _____

Date: _____

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MEDICAL RELEASE FORM

I, _____ (parent or guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of an accident, injury, sickness, etc., under the direction of the Onondaga County Sheriff's Office, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for the period of the Onondaga County Sheriff's Office Youth Law Enforcement Academy.

Address: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

As the parent or legal guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

Signature of Parent/Guardian

Date

Please list any medical conditions or allergies the applicant has:

Please list all medications regularly taken by the applicant:

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TRANSPORTATION RELEASE FORM

Because the Onondaga County Sheriff's Office has multiple facilities, we at times may transport students to and from different facilities for instruction and activities during the Law Enforcement Academy. It is necessary that parents/guardians grant their consent by signing the consent/release form below for their child to use County of Onondaga transportation to and from activities. Parents should also be aware that their child is not covered under the County of Onondaga's insurance plan.

NAME OF STUDENT _____

As a parent/guardian of the above named student, I hereby give my consent for my student to ride with Onondaga County Sheriff's Office Staff as part of the Law Enforcement Academy. I do hereby waive, release and forever discharge the County of Onondaga, the Sheriff of Onondaga County, the Sheriff's Office and all of its staff, participants and persons transporting my student to or from activities for any claim arising out of any injury to my child or children.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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PARTICIPATION GUIDELINES

Applicant Name: _____

- ◆ I agree to follow all directions given by academy staff.
- ◆ I understand I am required to be on time for all classes and activities.
- ◆ I understand that I will be required to participate in daily physical training.
- ◆ I agree to participate in all class assignments and activities.
- ◆ I will immediately report to the academy staff if I become ill or injured.
- ◆ I will conduct myself in a professional manner at all times in or out of class.
- ◆ I will present a professional appearance while attending the academy.
- ◆ I understand that I am not a peace officer and will not attempt to present myself as a peace or police officer. I will not attempt to enforce any law violations or other legal situations.
- ◆ I understand that tardiness, absenteeism, or violation of academy rules can result in my immediate dismissal from the program.

Applicant Signature

Parent/Guardian Signature

Essay Guidelines

Attach a one page handwritten or typed essay that answers the following questions:

1. Why do you want to attend the Youth Law Enforcement Academy?
2. What do you expect to learn from the experience?