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 relationshipsthat will bridge the gaps between law enforcement and youth while also exposing them to futurecareers 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 two week 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 two t-shirts along with a water bottle. Each cadet will be expected to participate in physical trainingat 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			Fir	st				MI
Address:	# Street			С/Т	Γ/V				ZIP
Phone:			Email:						
Grade Level fo	or 2019/2020 Scho	ol Year (c	ircle one	e)	8	9	10	11	
School:									
Shirt Size (circ	cle one) Adult	S	М	L	XL	XXL			
Parent or Gua	ırdian Name:								
Phone:				Secono	dary Pho	one:			
Sheriff's Office Onondaga Cor all liability, cla all injuries and occurrence whithe Onondaga Onondaga Cor to the Ononda child while pa released to lo	e Youth Law Enforce unty, the Sheriff's Calms, demands, act did damages to my chile my child is pare County Sheriff's Calms County Sheriff's Office aga County Sheriff'rticipating in the Y	cement Ad Office, all ions, and hild or to ticipating Office You' e to trans is Office to outh Law elevision s	cademy, Sheriff's causes my prop in the a th Law E port my o use or Enforce stations,	of action of act	ereby reties, pub on which rising out by. I atte ement A to location e any m Academ or includ	elease the plic officion of or rest my checademy ons for a edia (phys.) I under the ed on the plic on the ed on the plic on the ed on the plic of the plic on the plic of the	e Countials, age hereaft elated ild is placedem otograperstand e Onor	ents and er have to any hysically authorized by progrephs, vide that the hodga C	y fit and able to attendize the staff of the rams. I give permission leo, etc.) involving my is media may be ounty Sheriff's Office
Signati	ure of Parent or Gu	 Jardian				_		-	 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: _______

Signature: _____

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MEDICAL RELEASE FORM

l,	(parent or guardian's name) hereby give permission for any and all
		(child's name) in the event
		ondaga County Sheriff's Office, until such
time as I may be contacted. I also a	assume responsibility for the pay	yment of any such treatment. This release
is effective for the period of the Or	nondaga County Sheriff's Office N	Youth Law Enforcement Academy.
Address:	Phone:	
Insurance Provider:	Policy Number:	
	Doctor of Medicine or Doctor of to preserve the life, limb, or we	y give my consent for emergency medical f Dentistry. This care may be given under ellbeing of my dependent.
Signature of Parent/Guardian		Date
	or allergies the applicant has:	
Please list all medications regularly		

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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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ACADEMY APPLICATION PACKET

PARTICIPATION GUIDELINES

App	licant 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 possible. 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?