



Student Police Academy

July 5th – July 9th
July 12th and 13th 2010

Information and Application Package

STUDENT POLICE ACADEMY

Instructions to Applicant

The Academy provides Grade 11 and 12 students a unique opportunity to learn about the application process, training and a career in law enforcement. This program is designed for approximately 20 students who are interested in police work as a possible future career.

The students apply to the Academy through their school counselor or school liaison officer by submitting a copy of their completed application package. The packages are then forwarded to the Delta Police Department and the applicants will then be part of the selection process involving:

- a physical test (1.5 mile/2.4 km run in under 12 minutes)
- a background check
- possible interview

Once this has been completed, **the successful applicants will pay a tuition fee of \$150.00 that is non-fundable** and all materials and uniforms will be supplied. **Fees are due only after the successful applicants have received their acceptance letter from the Delta Police Department.**

The students in the Student Police Academy will learn about:

- . Policing as a career
- . Use of force
- . Driver's training
- . Firearms training
- . Physical training
- . Scenarios
- . Criminal and traffic law studies
- . Problem solving

The Academy will run for 7 days from Monday July 5th – Friday July 9th, July 12th and 13th 2010. It is an excellent learning experience but will be extremely challenging both mentally and physically. The focus will be on teamwork, confidence building and teaching youth about what a career as a police officer requires.

INSTRUCTIONS:

Every portion of this application must be completed. If there is a section that is not applicable to you, place "N/A" on that line. All applications must include the following:

1. Completed Criminal History Consent Form
2. Liability Waiver Form
3. Essay Question
4. A recent picture of the applicant.

It is the responsibility of each applicant to ensure this form is completed in full and returned to your school counselor prior to the close of school on **Wednesday March 24th, 2010. LATE APPLICATIONS WILL NOT BE ACCEPTED.**

POLICE CAMP APPLICATION FORM

Please print:

Full

Name: _____

Address: _____

Sex: M/F Date of Birth: _____ Place of Birth: _____

Age: _____ Height: _____ Weight: _____

Telephone: _____

Parent/Guardian: _____

Do you have a driver's license: Y/N Province: _____ #: _____

List any other names used since birth (excluding above):

Grade: _____ School Attending _____

Family Doctor: _____ Care Card #: _____

List any serious illness or injuries affecting physical activity:

Do you have any special medication requirements: _____ If so please list:

Please list your hobbies and/or interests: _____

Please list any special skill/experiences you have: _____

Please describe any volunteer work you have done.

Organization

Duties

_____	_____
_____	_____

Please describe any work history.

Dates

Company

Position

_____	_____	_____
_____	_____	_____
_____	_____	_____

ESSAY QUESTION:

Why do you wish to take part in this program?

(No more than 250 words)

UNIFORMS:

Each student attending the Academy will receive the following:

- an athletic track suit;
- gym shorts
- t-shirts, golf shirt
- duffel bag
- Delta Police Department ball cap

Please indicate sizes below (and sex where indicated):

Track Jacket	S	M	L	XL / Womens <input type="checkbox"/>	Mens <input type="checkbox"/>
Track Pants	S	M	L	XL / Womens <input type="checkbox"/>	Mens <input type="checkbox"/>
Gym shorts	S	M	L	XL	
T-shirt	S	M	L	XL	
Golf Shirt	S	M	L	XL / Womens <input type="checkbox"/>	Mens <input type="checkbox"/>
Ball Cap	S	M	L		

NOTE: Any false information given in this application will be grounds for denial, or if accepted, immediate dismissal.

CONSENT:

Parent/Guardian in support of child's application

Name: _____

Signature: _____

Date: _____

Signature of Application: _____

Date: _____



PARENTS/GUARDIANS
PERMISSION AND LIABILITY
WAIVER

I understand as the Parent/Guardian of the person named below as **student** hereby give permission for the **student** to participate in the DELTA STUDENT POLICE ACADEMY work experience program. I understand that the **student** will be involved in a variety of activities including but not limited to driving and firearms training. I understand that the **student** will be required to provide his/her own transportation to the academy all other training locations. I further acknowledge that some physical activity will be involved and state that the **student** is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required, to ensure that the **student** will be capable of participating in the physical activities.

Further, the undersigned agrees to assume all risks of participating in the DELTA STUDENT POLICE ACADEMY, and does hereby remise, release, and forever discharge the DELTA POLICE DEPARTMENT and the DELTA STUDENT POLICE ACADEMY, it servants and agents from any and all manner of actions, debts, claims and demands that said undersigned may have by reason of any manner arising out of the said activities organized by the DELTA POLICE DEPARTMENT during the DELTA STUDENT POLICE ACADEMY session.

In witness whereof I have set my hands this date:

_____ (day) _____ (month), _____ (year) at the Municipality of Delta, B.C.

WITNESS SIGNATURE

STUDENT'S SIGNATURE

WITNESS SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

PLEASE NOTE: IF YOU ARE UNDER 19 YEARS OF AGE YOU MUST HAVE YOUR PARENTS FILL OUT AND SIGN THIS WAIVER.

**PROVINCE OF BRITISH COLUMBIA
CONSENT FOR CRIMINAL RECORD SEARCH**

POLICE AGENCY: DELTA POLICE DEPARTMENT CRIMINAL RECORD CHECK

Full Name of Applicant:

Birthdate: _____ Birthplace: _____

Address:

Postal Code: _____ Phone #: _____

WHEREAS I have applied for: **THE DELTA POLICE DEPARTMENT'S STUDENT POLICE ACADEMY** and I am required by the **DELTA POLICE DEPARTMENT** to disclose whether or not I have any convictions or have been charged under any federal enactment;
AND WHEREAS I understand that disclosure of a criminal record may not necessarily preclude me from the function I have applied for;
AND WHEREAS I understand that if the **DELTA POLICE DEPARTMENT** should decide any conviction or charge disclosed might preclude me from the function if have applied for I will be given an opportunity to see and discuss that criminal record;
I therefore authorize the **DELTA POLICE DEPARTMENT** (police agency) on my behalf to inquire into and determine whether or not I have a criminal record, and also make to the **DELTA POLICE DEPARTMENT** a full and complete disclosure of any criminal record they may find.

DATED:

SIGNATURE OF APPLICANT:

SIGNATURE OF PARENT/GUARDIAN:
