



# **Delta Police Student Police Academy 2020**

***July 7<sup>nd</sup> - 16<sup>th</sup>, 2020***

## **IMPORTANT DATES FOR APPLICATION:**

- **Thursday March 12<sup>th</sup>, 2020 Application Due**
- **April 7, 2020 Physical Test**
- **April 14 - May 7, 2020 Interviews**
- **June 11, 2020 Meet & Greet for Candidates/Parents**

**LATE OR INCOMPLETE APPLICATIONS  
WILL NOT ACCEPTED - NO EXCEPTIONS**

## **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 28 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-2.4 kilometer run in under 12 minutes (equivalent to six laps of a 400 meter track)
- a background check
- interview

Once this has been completed, **the successful applicants will pay a tuition fee of \$200.00 that is non-refundable** 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 8 days from Tuesday July 7<sup>th</sup> to Friday July 10<sup>th</sup>, 2020 - Monday July 13<sup>th</sup> to Wednesday July 15<sup>th</sup>, 2020 (0800-1600) and graduation Thursday July 16<sup>th</sup> afternoon/evening. 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.

***100% ATTENDANCE IS MANDATORY!!!!***

**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:

2. Completed Criminal History Consent Form
3. Liability Waiver Form
4. Essay Question
5. 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 or School Liaison Officer prior to the close of school on Thursday March 12<sup>th</sup>, 2019.

**IMPORTANT DATES FOR APPLICATION:**

- **Thursday March 12<sup>th</sup>, 2020 Application Due.**

*LATE OR INCOMPLETE APPLICATIONS WILL  
NOT BE ACCEPTED - NO EXCEPTIONS*

*IF YOU SUBMIT AN APPLICATION SHOW UP TO THE PHYSICAL  
TEST YOU MAY NOT BE REMINDED*

- **April 7, 2020 - Physical Test** -2.4 kilometer run in under 12 minutes (\*equivalent to six laps of a 400 meter track)
  - **North Delta Students will be tested at NDSS Track on Tuesday April 7<sup>th</sup>, 2020 at 3:30pm**
  - **South Delta Students will be tested at SDSS Track on Tuesday April 7<sup>th</sup>, 2020 at 3:30pm**
- **April 14 – May 7, 2020 - Interviews**
  - **Students will be interviewed at their attending schools when possible, time and date to be arranged.**
  - **For Students from outside Delta School District, arrangements will be made for time, date and location.**
- **June 11, 2020 - Meet and Greet**
  - **Students and Parents meet the staff and learn about the program**
  - **North Delta Public Safety Building 6:00pm – 8:00pm**

I have read the above instructions and agree \_\_\_\_\_  
(Please sign)



## STUDENT POLICE ACADEMY APPLICATION FORM

**Please Print**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Name called by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Sex: M / F      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home)      \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Daytime contact number for parent: \_\_\_\_\_

Do you have a driver's license? Y / N      Province: \_\_\_\_\_ #: \_\_\_\_\_

Grade: \_\_\_\_\_      School Attending: \_\_\_\_\_

Family Doctor: \_\_\_\_\_      Phone #: \_\_\_\_\_

Care Card # \_\_\_\_\_

List any serious illness or injuries affecting physical activity: \_\_\_\_\_

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List all Allergies/Medications: \_\_\_\_\_

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List hobbies/skills/interests: \_\_\_\_\_

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Volunteer Experience: \_\_\_\_\_

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Work History:

<u>Date:</u>	<u>Company</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESSAY QUESTION: (complete on separate page)

Why do you wish to take part in this program? (maximum 250 words)

UNIFORMS:

Each student attending the Academy will receive the following:

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

Please indicate sizes below (note all clothing is in adult sizes):

<b>Jacket</b>	W / M	S	M	L	XL
<b>Cargo Pants</b>	Waist _____	Inseam _____			
<b>Gym shorts</b>	W / M	S	M	L	XL
<b>T-shirt</b>	W / M	S	M	L	XL
<b>Golf Shirt</b>	W / M	S	M	L	XL
<b>Ball Cap</b>		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 Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## PARENT/GUARDIAN PERMISSION/LIABILITY WAIVER FORM

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, its 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.

Further, the undersigned agrees to allow Delta Police Department to use any photographs or video images of them taken during the Student Police Academy for the promotion of the program.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian