



## FAIRFAX COUNTY POLICE DEPARTMENT TEEN POLICE ACADEMY

# Teen Police Academy July 15-19, 2024

**What:** A week long program to explore careers in law enforcement. Learn first-hand about core police functions such as patrol, special operations, and crime scene investigation. Meet today's leaders in law enforcement in Fairfax County. Explore what it takes to become a police officer and skills you will learn in the police academy.

**When:**

- Monday through Friday: 9:00am to 3:00pm
- Participants are expected to attend all classes

**Where:**

- Fairfax County Public Safety Headquarters (12099 Government Center Parkway, Fairfax, VA)

**Eligibility:** The program is offered free of charge and is open to Fairfax County high school students (public, private or home schooled) entering the 10th, 11th or 12th grades during the 2024-2025 school year. Class size is limited. Students are expected to provide their own transportation.

**Applications must be received by **June 28, 2024****

**MAIL THE FORMS TO:**

Fairfax County Police Department  
Community Police Academy  
Office of the Chief/Community Engagement and Equity  
12099 Government Center Parkway  
Fairfax, VA 22035

**OR E-MAIL THE FORMS TO:**

[CPA@fairfaxcounty.gov](mailto:CPA@fairfaxcounty.gov)

For more information, please contact:

Ms. Tanja Majca  
[CPA@fairfaxcounty.gov](mailto:CPA@fairfaxcounty.gov)



# FAIRFAX COUNTY POLICE DEPARTMENT TEEN POLICE ACADEMY

## APPLICATION FORM

**PLEASE PRINT:** Completed applications must be received by **June 28, 2024**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age: \_\_\_\_\_

Name of School Attended by Participant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Ethnic Origin: Caucasian: \_\_\_\_\_ African American: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
Asian: \_\_\_\_\_ American Indian: \_\_\_\_\_ Other: \_\_\_\_\_

For informational purposes, please check if enrolled in criminal justice classes

.....  
Name of Parent / Guardian: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ADA accommodations needed: Yes / No

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does your child take any medications on a daily basis? **Yes/No** If yes, please provide additional information on the medical history form.

Does your child have any allergies? **Yes/No** If yes, please provide additional information on the medical history form.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FAIRFAX COUNTY POLICE DEPARTMENT TEEN POLICE ACADEMY

### APPROVAL & AGREEMENTS PLEASE READ CAREFULLY

- 1. Participation Authorization:** I hereby grant permission for the child named on this form to participate in any or all of the programs sponsored by the Teen Police Academy. I understand that my child may be transported to other sites for additional activities during the course of their participation in the program and I agree to hold harmless the County of Fairfax, its employees and volunteers for injuries or damages resulting from my child's participation.
- 2. Emergency Treatment:** Employees of Fairfax County participating in the Teen Police Academy have permission, in the event that I cannot be reached in an emergency, at my expense to (1) contact our family physician, or (2) utilize the most convenient rescue squad, vehicle, or ambulance to transport my child to the nearest hospital.
- 3. Photographs:** By signing this form, I give permission for my child/myself to be photographed and /or videotaped by the County of Fairfax and public media, unless a separate request not to photograph is submitted. I understand that the photograph/video will be used to promote the Teen Police Academy and I give permission for that use.
- 4. Rules of Conduct:** I understand my child must comply with the rules defined by staff and maintain self-control and act responsibly while participating in the program.
- 5. Liability Waiver:** In consideration of the Police Department of the County of Fairfax, Virginia (hereinafter "Police Department") granting my child permission to attend the Teen Police Academy, I hereby waive any and all risks and liability for damages, losses, personal injuries, or death which my child might suffer, sustain, or cause while participating in the Teen Police Academy. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the County of Fairfax, the Police Department, officers, agents, or employees as a result of my child's voluntary participation in the Teen Police Academy, and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees, and costs incurred in defending said demand or claim.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part. I also understand that as part of the application process my child's criminal history and DMV record will be checked by the Fairfax County Police Department.

- 6. Approval:** I have read and understand the participation approvals and agreements and by my signature agree to its terms.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## FAIRFAX COUNTY POLICE DEPARTMENT TEEN POLICE ACADEMY

### PARTICIPANT RULES

1. Each participant must complete an application and have a parent/guardian sign the parental permission authorization below.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absences from more than two sessions may prevent a participant from graduating.
3. Participants are expected to dress in appropriate attire. No shorts or tank tops are permitted. Jeans are permitted as long as they are clean, have no holes, cuts, etc. T-shirts are permitted as long as they are clean, no holes, tears, cuts and if they are imprinted, the imprint must be in good taste. Any t-shirt with foul language, in poor shape or is offensive in any manner will not be allowed. The instructors reserve the right to request the student leave the classroom. The student may change and return that day if possible.
4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocket knives, any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
5. Participants shall be polite and respectful of all instructors, police officers, other adults and students during class.
6. It is important that class start on time and there are as few disruptions as possible. Participants are expected to arrive on time.
7. Gang symbols, paraphernalia (such as bandanas, beads, etc.) will not be tolerated. Displaying gang signs or symbols will result in the student being asked to immediately leave the program.

I certify that I understand the requirements of participating in this program.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

List your name as you wish it to appear on your certificate:

\_\_\_\_\_

Please print



## FAIRFAX COUNTY POLICE DEPARTMENT TEEN POLICE ACADEMY

### ESSAY

Please write a short essay, not to exceed 300 words, explaining in your own words why you wish to attend the Teen Police Academy. Use an extra page (with your name on it) if you wish.

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



## FAIRFAX COUNTY POLICE DEPARTMENT TEEN POLICE ACADEMY

### RECOMMENDATION

Please provide one recommendation from a school guidance counselor, teacher or school resource officer (SRO) **or** an adult over the age of twenty-one (21) that is not a family member. Comments may be noted below or attached as a separate page.

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

Counselor/Teacher/SRO Name (please print) \_\_\_\_\_  
Or Adult Over 21 that is not a family member

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone



FAIRFAX COUNTY POLICE DEPARTMENT
TEEN POLICE ACADEMY

Health and Emergency Care Form

Participant's Name: Contact Phone:

Important - The following must be completed for attendance.

The following questions are in regards to the participant. The below information will be given to any emergency medical technician (EMT), paramedic or health care professional providing treatment. The form will also be given to a doctor if an emergency room visit is recommended. Please fill out the following questionnaire to the best of your knowledge and explain any medical conditions that your child may have, in full detail.

Has your child had any recent injury, illness or infectious disease? YES NO

If yes, explain:

Has your child ever been hospitalized and/or had any surgeries? YES NO

If yes, explain:

Does your child have any orthopedic problems (i.e.: bones, joints, ligaments and muscles)? YES NO

If yes, explain:

Does your child have any physical limitations, or wear orthopedic braces? YES NO

If yes, explain:

Does your child have a history of: (Please circle Yes / No)

Table with 6 columns: Condition, Yes, No, Condition, Yes, No. Rows include Asthma, Headaches, Ear Infections, Fainting Spells, Diabetes, Heart Trouble, Difficulty w/Digestion, Convulsions / Seizures.

If YES, to any of the above, please explain:



FAIRFAX COUNTY POLICE DEPARTMENT  
TEEN POLICE ACADEMY

Health and Emergency Care Form

Participant's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Medical History – continued

Allergies:

Is your child allergic to any medications? YES or NO

If yes, please list medication and describe the reaction: \_\_\_\_\_

Is your child allergic to any foods? YES or NO

If yes, please list foods and describe the reaction: \_\_\_\_\_

Does your child have any special dietary needs? YES or NO

If yes, please explain: \_\_\_\_\_

Shots:

Does your child have their vaccinations on record at the school in which they attend? YES or NO

Please provide the date of the last **Tetanus Shot** (DPT or DT or DTaP): \_\_\_\_\_

Other Conditions: Are there any other medical conditions that are not listed above? YES or NO

Please provide any additional information about the participant's behavior, physical, emotional, or mental health about which the camp should be aware: \_\_\_\_\_

Is your child on any medications that will need to be taken during program hours? (9:00 – 4:00) YES NO

If yes – please list the medication name and the time the medicine is to be taken: \_\_\_\_\_

\*Please Note\* Most medications require special certification to administer and may not be allowed.