



ALBANY POLICE DEPARTMENT

TEEN POLICE ACADEMY APPLICATION

NAME _____ DATE _____

ADDRESS _____
STREET CITY ZIP CODE

PARENTS NAME(S) _____

PLACE OF EMPLOYMENT _____

TELEPHONE (HOME) _____ WORK _____ CELL _____

EMAIL ADDRESS _____

(Teen Information)

DATE OF BIRTH _____ RACE _____ GENDER _____

D.L. OR ID# _____ PLACE OF BIRTH _____

NAME OF SCHOOL _____ GRADE IN SCHOOL _____

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME?

SPRING ACADEMY

FALL ACADEMY

Next Academy Date

Date

Albany Police Department

201 West Oglethorpe Blvd

Albany, Georgia 31701

Sgt. Phyllis Smith, TPA Coordinator

(229)446-2788

Albany Police Department Teen Academy

Emergency Authorization

For _____
Youth Name

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above child name whose health history appears on the reverse side if needed. The form may be photocopied for use during the program.

Signature of Parent Date

Teen Police Academy Release

_____, for and in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration including my child/children's being allowed to participate in the Teen Police Academy. ("Academy") the receipt and sufficiency of which is hereby acknowledge, do/does hereby remise, release and forever discharge the CITY OF ALBANY its successors and assigns, employees, agents, principals, representatives, heirs, executors and administrators, from any and all, actions and causes of action, claims and demands whatsoever, arising out of my child/children's _____ participation in the Academy.

I authorize photographs to be taken of my child/children's participation in the Academy and understand the media may interview participation in the academy.

We will comply with all rules of the Academy and any instructions or orders issued by the Academy coordination in connection with the Academy. I/we hereby acknowledge that I fully understand the consequences of this wavier and that it is voluntary and intelligent act on my part.

WITNESS my hand and seal this ____ day of _____ 2017

(Seal) _____

_____(Seal)

Teen Police Academy Rules

The purpose of these rules is to establish a code of conduct and general requirements to ensure an informative and enjoyable experience for all.

A. Dress Code

Each student will be dressed neatly. Please adhere to the following guidelines:

- Class T-shirt (if provided)
- Avoid any graphic T-shirts. NO GANG RELATED ARTICLES permitted.
- Jeans or similar pants are allowed provided they have no holes (with belt).
- Comfortable shoes (Tennis shoes, etc.,-laces must be tied).
- No hats, do rags, or scarves
- No mini skirts and dresses, halter, tube, tank tops.
- Neither underwear, nor boxes should be revealed at any time.

Any student not in compliance with the dress code will not be permitted to attend class.

B. Attendance and Punctuality

- Due to the program's length an absence from class is not permitted.
- Excessive tardiness is grounds for removal from the program.
- The student is expected to arrive on time (10:00 am) for all class meetings and field trips.
- The student is expected to satisfy the attendance requirements

C. Conduct

- The student is expected to exhibit a positive and contributing attitude.
- The student is expected to be an active participant in discussions.
- If a student is disruptive in class or he/she violates rules, the student may be terminated from the program.
- Disrespect will not be tolerated. Respect for others is mandatory.
- Fighting will not be tolerated.
- Abusive language, i.e., cursing, name calling, etc. will not be tolerated.
- Smoking is not permitted.
- Cellular telephones need to be on silent during class.

The TPA is intended for the benefit of all who attend. Students shall conduct themselves in a professional manner at all times and be sensitive to the needs and concerns of others in the class. Students shall not be argumentative to the instructor or other students during class. There will be an opportunity to critique the class and instructors at the conclusion of each session.

I HAVE READ AND UNDERSTAND THE ABOVE RULES

Name (print) _____ SIGNATURE _____

Date _____