



# PRESCOTT VALLEY POLICE DEPARTMENT YOUTH ACADEMY 2019

Please complete all questions within the questionnaire truthfully.

- A. Do you live or attend school within the town limits of Prescott Valley?  
 YES  NO
- B. Would you be willing to commit to full attendance of the Youth Academy from July 8<sup>th</sup> to July 12<sup>th</sup> from 08:30 AM to 03:00 PM Daily?  YES  NO
- C. Are you between the ages of 14 – 18 and in High School?  YES  NO
- D. It is important that Youth Academy participants have not recently engaged or expect to engage in any activity that is criminal, unethical, or improper in nature that might publicly embarrass or cause problems for other Youth Academy participants or the Town of Prescott Valley. Do you meet this requirement?  YES  NO

As a Youth Academy participant you may be observing graphic material and hearing graphic details of police work, therefore, if you are under the age of 18, parent or guardian permission is required for you to participate in the academy (please see page 4 of this application). Applications without a parent or guardian signature will not be accepted.

\*Student Name \_\_\_\_\_  
Last First Middle Nickname

Current Home Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

T-SHIRT SIZE (Adult Sizes): \_\_ Small \_\_ Medium \_\_ Large \_\_ X-Large \_\_ 2 XL

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE/ID NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Mother:                      Father:                      Guardian:

Name \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

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

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

**CRIMINAL HISTORY:** Have you ever been arrested and/or convicted of a crime other than a traffic infraction?    YES    NO   If YES, Please explain below:

Note: A past criminal record alone does not prohibit an individual from participating.

Dates	Location of Occurrence	Crime
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. What school are you currently attending? What grade are you in now?

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2. Why would you like to participate? Are you considering a career in law enforcement?

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3. Please describe something that police do that you don't understand. Perhaps this is something that happened to you, you observed, or you saw on television or read about.

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4. Have you had mostly positive or negative experiences with the police? Please describe one positive or negative experience.

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5. Name five values that you think police officers should have. Why are these important?

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6. Is there any other information that you would like us to know about you that you think might be helpful?

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**EXPRESS WAIVER, RELEASE OF LIABILITY,  
AND ASSUMPTION OF RISK AGREEMENT**

I, \_\_\_\_\_, understand that the Prescott Valley Police Department Youth Academy is a five-day program with classes meeting as described on the attached instructions page.

I agree to adhere to the Code of Conduct listed in the application packet. I agree to show courtesy (the showing of politeness in one's attitude and behavior toward others) to the supervising staff and other participants.

Due to the class size being limited, I understand the importance of my commitment to attend all of the classes. Furthermore, I attest that the above information provided by me is true and accurate to the best of my knowledge and authorize the Prescott Valley Police Department to conduct a criminal history and background check on me prior to my acceptance into the program.

I am authorizing my son/daughter to attend the 2019 Prescott Valley Police Department Youth Academy. I understand that my son/daughter may see graphic images and hear graphic details related to police work. Furthermore, I consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of my child by the Prescott Valley Police Department. I grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release the Town of Prescott Valley and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

*I recognize and acknowledge that there are certain risks of physical injury to participants, in the above Youth Academy program and I agree to assume the full risk of any such injuries, damage or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims I or my child/ward may have against The Town of Prescott Valley and its officers, agents, servants and employees as a result of participating in the Youth Academy*

*program. I hereby fully release and discharge the Town of Prescott Valley and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which I or my child/ward may have or which I may accrue to me or my child/ward in any of the above program. I further agree to indemnify and hold harmless and defend The Town of Prescott Valley and its officers, agents, servants, and employees from any and all claims resulting for injuries, damages, and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of the Youth Academy program.*

I HAVE READ THIS WAIVER RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, UNDERSTAND THAT I AM FREE TO CONSULT LEGAL COUNSEL BEFORE DOING SO, AND FREELY AND VOLUNTARILY SIGN THE SAME WITHOUT INDUCEMENT.

Participant Name (Please Print Legibly): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent Name (Please Print Legibly): \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature (if needed): \_\_\_\_\_

RETURN COMPLETED APPLICATION TO:

Prescott Valley Police Department  
Attn: CSO Jodi Mullins  
7601 E. Skoog Blvd  
Prescott Valley, AZ 86314  
928-772-5164

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DATE RECEIVED: \_\_\_\_\_ DATE BACKGROUND COMPLETED: \_\_\_\_\_  
BY \_\_\_\_\_ ACCEPTED: YES \_\_\_ NO \_\_\_ REASON FOR DENIAL: \_\_\_\_\_  
DATE NOTIFIED: \_\_\_\_\_ VIA: LETTER: \_\_\_\_\_ PHONE: \_\_\_\_\_ BY: \_\_\_\_\_