

WESTLAND POLICE DEPARTMENT **POLICE YOUTH ACADEMY 2022**

The Westland Police Department is pleased to announce that applications are being accepted for the department's fourth annual Police Youth Academy. The goal of the Police Youth Academy is to allow students to experience hands-on activities and presentations for those interested in the field of law enforcement. The academy is one week (Monday through Friday) and is open to all Wayne-Westland high school students or high school students residing within the City of Westland. The Youth Academy is free of charge.

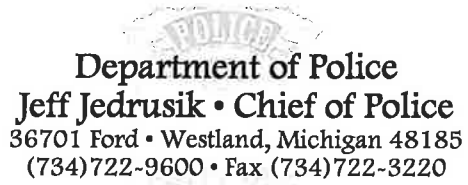
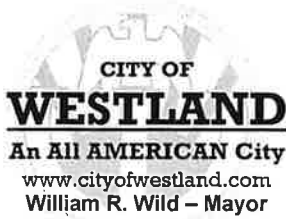
The class will begin **Monday, July 18, 2022** and will conclude on Friday, July 22, 2022. The curriculum will consist of a wide range of hands-on and educational law enforcement topics that include, (but are not limited to) discussion or demonstrations in K-9, Taser, traffic stops, SWAT, court functions, building searches, evidence technicians/mock crime scenes, emergency vehicle operations and a trip to the Wayne County Regional Police Academy at Schoolcraft College in Livonia. A complete schedule will be presented on the first day and is subject to change. The program director may terminate a student from participating in the Youth Academy Program for non-compliance with the rules as provided on the first day.

The drop-off and pick-up location for the Youth Police Academy will be the Westland Police Department at 36701 Ford Rd, Westland, MI 48185. The Youth Academy will **promptly** start at 9:00am and conclude at 1:00pm each day.

Attire: Each Police Youth Academy participant will be provided with a shirt, which will be required to be worn each day of the academy.

The attached application and waivers must be completed and returned to the Westland Police Department front desk at 36701 Ford Rd, Westland, MI 48185 **NO LATER THAN FRIDAY, JUNE 24, 2022**. The application packet must be completed and signed or it will not be accepted. Please be advised that submission of an application prior to the deadline does not guarantee acceptance to the program as space is limited. You will be notified by phone regarding your acceptance into the Police Youth Academy.

If you have any questions, please contact Sergeant Brandon Paris at bparis@wlpd.net or 734-722-9633.



WESTLAND POLICE DEPARTMENT YOUTH POLICE ACADEMY APPLICATION

(Please print clearly with blue or black ink)

THE FOLLOWING INFORMATION IS REQUIRED BY ALL PROSPECTIVE PARTICIPANTS IN THE WESTLAND POLICE YOUTH POLICE ACADEMY PROGRAM. ANY FALSE OR INCOMPLETE INFORMATION COULD EXCLUDE THE APPLICANT FROM PARTICIPATING IN THIS PROGRAM.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Current Address: _____
(Street) (City) (State) (Zip)

Home Telephone: _____ Cell Phone: _____

Michigan Driver's License Number (if applicable): _____

Social Security Number: _____ M / F Date of Birth: _____ Age: _____

Name of High School: _____ Grade: _____ GPA: _____

Current Employer (if applicable): _____

Shirt Size (please circle one): S M L XL XXL

How did you find out about the Youth Academy: _____

Have you ever been suspended or expelled from school? Y / N (if yes please explain)

Have you ever been charged and/or arrested for a crime? Y / N (if yes please explain)

WESTLAND POLICE DEPARTMENT
YOUTH POLICE ACADEMY APPLICATION

(Please print clearly with blue or black ink)

PARENT / GUARDIAN INFORMATION

Parent(s) / Guardian(s) Name: _____

Current Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Information (Other than parent information listed above):

Name: _____ Relationship to Child: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____
(Street) (City) (State) (Zip)

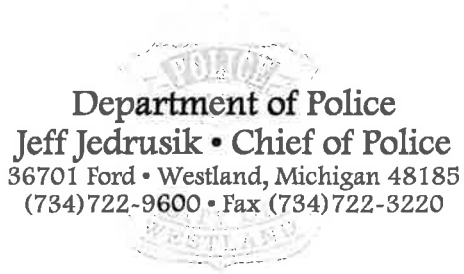
Home Phone: _____ Cell Phone: _____ Work Phone: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S EMAIL ADDRESS: _____

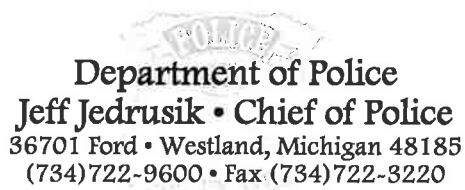
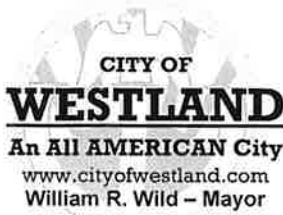


**WESTLAND POLICE YOUTH ACADEMY
PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION**

As an applicant for the City of Westland Police Department Youth Academy, I hereby authorize the City of Westland Police Department to conduct a criminal history background investigation, including convictions, pending charges and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Police Academy. I understand that all available police and criminal records will be checked and that the information will be used solely in determining eligibility of applicants for the Youth Police Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant Date

Signature of Parent/Guardian Date



**WESTLAND POLICE YOUTH ACADEMY
EMERGENCY MEDICAL TREATMENT FORM**

To: Emergency Room Medical Staff

My SON / DAUGHTER _____ has my permission to participate in the Westland Police Department Youth Police Academy. In the event of an illness or injury while participating in this activity, I consent to X-ray, examination, anesthesia, medical or surgical, diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Our family physician is: _____

Address: _____

Phone: _____

Medical Coverage Company: _____ Policy Number: _____

Telephone number that I can be reached at: _____

Alternative number that I can be reached at: _____

Signature of Parent / Guardian: _____

Printed Name: _____

Address: _____ City: _____ Zip: _____

Any other medical conditions, allergies or concerns:



Department of Police
Jeff Jedrusik • Chief of Police
36701 Ford • Westland, Michigan 48185
(734)722-9600 • Fax (734)722-3220

WESTLAND POLICE YOUTH POLICE ACADEMY MEDICATIONS

Please list below any prescribed medications that your child is required to take regularly. Please indicate below whether or not your child will be required to take or carry the medication with him/her during the Youth Police Academy. Medication must be in original prescribed package.

Name of Student: _____

- My child DOES NOT take any prescribed medication
- My child DOES take prescribed medication


Name of Medication(s): _____

Medical Condition for which medication is needed: _____

Dosage / Times Per Day: _____

Any Special Needs / Restrictions: _____

Parent / Guardian Signature: _____ Date: _____



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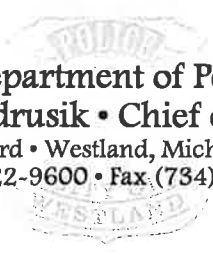
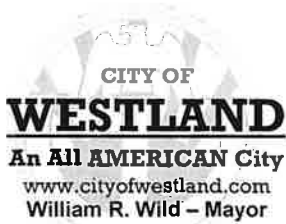
**POLICE YOUTH ACADEMY
RELEASE OF LIABILITY FORM**

I, _____ the undersigned parent/guardian of _____, do hereby give my son/daughter permission to attend and participate in the Westland Police Department Youth Police Academy Program. The undersigned hereby agrees that I will assume any and all risks resulting from the attendance and participation of my child at such functions and activities of the Youth Police Academy Program. I further release the City of Westland and the Westland Police Department from any and all liability resulting from my minor child's attendance and participation.

I further agree to indemnify and hold harmless the City of Westland, its agents, employees, officers, directors and volunteers from any and all claims, demands, expenses and liability, whether for personal injury, death or property damage arising out of the participation of my minor child in a Youth Academy function or activity.

Signature of Parent/Guardian

Date



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**WESTLAND POLICE YOUTH POLICE ACADEMY
LIKENESS WAIVER / RELEASE**

I, _____ (adult student or parent/guardian) authorize the Westland Police Department and City of Westland to make use of my (or my minor child's) name, pictures, photographs and other likeness of the student in newspapers, advertisements or on the City of Westland website, social media and Westland Police Community Partnership Facebook page to further promote its program.

By signing below, I acknowledge acceptance of this waiver and agree to allow the use of my (or said minor child's) likeness from any photos or video taken that specifically involve activities related to the Westland Police Department Youth Police Academy. I understand that the photos or video could be used to advertise and/or promote the Police Department's community relations activities.

Signature of Applicant Date

Signature of Parent/Guardian Date