



Swatara Township Youth Police Program Application

Applicant Information:

Last Name: _____ First Name: _____ MI: _____

Address: _____

State: _____ Zip Code: _____ DOB: ____/____/____

Age: _____ Gender: M/F _____

T-shirt Size (Adult Men's): Small Medium Large XL

Have you ever been an Adjudicated Delinquent? (Subject to Verification) Yes/No _____

Parent/Guardian and Emergency Contacts:

All contact efforts will start with the Parent/Guardian before attempting to reach emergency contacts. List only persons that a Program Participant could be released to if required. A Parent/Guardian or Emergency Contact must be available at all times to take custody of the Program Participant within 1 hour if the need arises.

Parent/Guardian Contact:

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Phone Number: _____ - _____ - _____ Alternate: _____ - _____ - _____

Home Address: _____

Email Address: _____

Emergency Contact One:

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Phone Number: _____ - _____ - _____ Alternate: _____ - _____ - _____

Emergency Contact Two:

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Phone Number: _____ - _____ - _____ Alternate: _____ - _____ - _____

You will be required to obey all rules, show respect to officers and volunteers, and participate in all activities. The rules will be explained fully on the first day of the program.

Do you agree to abide by the program rules? (YES/NO) _____

Program Participant's Signature

_____/_____/_____
Date

Youth Police Program Medical Examination Form

Participant Name: _____

DOB: ____/____/____ Age: _____ Gender: M/F _____

TO BE COMPLETED BY THE PARTICIPANT'S HEALTH CARE PROVIDER

May participate in all program activities YES NO (Please see the next page for a list of program activities.)

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to other program participants or which affects the individual's functional ability to participate safely in a youth program? If yes, please explain: _____

Allergies/Medications

Is the program participant allergic to or does he/she have any adverse reaction to any of the following?

- Hay Fever Poison Ivy/Oak Insect Stings Food (please list)
 Penicillin Other Drugs Other List allergy (Describe reaction and treatment)

Are there any prescription or over the counter medication (s) this individual needs to take while in our care?

YES NO If yes, indicate names of medication (s): _____

Note: A written authorization and parent permission for the administration of medication are required.

Immunizations:

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the "infected" column and list the date. If immunized, check the "immunized" column and provide the year received.

	Immunized	Infected	Date(s)		Immunized	Infected	Date(s)
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Influenza	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other (i.e., Hib)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles/ mumps/rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Physician/Nurse Practitioner (Type or Print)

Phone #

Physician/Nurse Practitioner Signature

Date

Swatara Township Youth Police Program Activities

The Swatara Township Youth Police Program is designed to introduce participants to various aspects of law enforcement through the participation in various activities and exercises. Although physical exertion is not a primary part of this program there will be times when all participants will be asked to participate in games and physical fitness exercises, which will include but not be limited to body weight strength exercises and calisthenics. Participants will be experiencing the use of both anaerobic and aerobic energy systems in their body through various games and physical fitness sessions.

Games and programs are subject to change based on staffing levels, location availability, program curriculum as well as weather. Participants will be closely monitored during any physical aspect of our program and will be asked to cease any physical exercise should they display any signs of physical exhaustion or discomfort to safeguard against overheating, prolonged rapid heart rate, severe dehydration or any other medical condition which may jeopardize their general health. All police officers who will be monitoring such activities are certified in first aid and CPR. There will also be an AED on site when participants are participating in such activities.

A list of activities that may involve physical exertion include but may not be limited to:

1. Firearms training by use of an air pellet gun (safety goggles provided)
2. Physical fitness education and exercising sessions to include basic strength training through body weight exercises, jumping, walking, running, calisthenics, etc.
3. Team and individual organized games involving physical movement
4. Pedaling a kart for use of DUI education sessions
5. Standing for prolonged periods of time (30 minutes or more)
6. Use of force simulation exercises to include kneeling, bending and moving while making decisions in a stressful situation
7. Traffic enforcement exercises involving getting in and out of a vehicle

Please do not hesitate to contact Cpl. Brandon Pokrop at 717-564-2550 or via email at bpokrop@swatarapolice.org should you have any questions regarding the types of activities that will be taking place during the Youth Police Program.

Youth Police Program Participant Insurance Information Form

Health Insurance Company Name: _____

Insurance Company's Address: _____

Insurance Company's Phone Number: _____

Group #: _____ Policy #: _____

Participant's Name: _____

Participant's Address: _____

Policy Holder's Name: _____

Relationship to Participant: _____

Signature of Parent/Guardian: _____

Date: ____/____/____

Parent/Guardian Approval Form

As the parent/guardian of a participant in the Swatara Township Youth Police Program, I acknowledge and confirm that the Township does not warrant the condition of the Youth Police Program locations or any other property associated, directly or indirectly, with the Youth Police Program. I further recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which the participant or the participant's property may sustain as a result of participating in any and all activities connected with or associated with the Youth Police Program. Furthermore, on behalf of myself and the participant, I hereby fully release, waive and discharge the Swatara Township Police Department, Swatara Township, the Swatara Township Board of Commissioners, and Youth Police Program Instructors/Presenters or Volunteers from any and all claims, demands, or causes of action that may arise, directly or indirectly, from injuries, including death, damage, or loss to person or property which the participant may have or which may accrue to the participant on account of the participation of _____ in the Swatara Township Youth Police Program.

Youth Program Participant's Name

As the parent/guardian of a participant in the Youth Police Program, I further agree to indemnify and hold harmless and defend the Township and its officers, agents, servants, and employees from any and all claims, demands or causes of action that may arise from injuries, including death, damages, and losses to person or property sustained by the participant and arising out of, connected with, or in any way associated with the activities of the Youth Police Program

Parent/Guardian Signature

Date

In the event of an Emergency and a parent/guardian cannot be reached, I give my permission to the physician and/or hospital selected by the Swatara Township Police Department to hospitalize; secure proper treatment for; or to order injection, anesthesia, surgery, or any other emergency treatment necessary for my child named on this form.

Parent/Guardian Signature

Date

Photo/Video Release Form

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use of _____ likeness for the publication, and for the
Youth Program Participant's Name

broadcast of photographs or video/film in any or all **Swatara Township Youth Police Program, Swatara Township Police Department, or Swatara Township**, (hereinafter "**Youth Police Program**") publications periodicals, advertisements, purposes, or for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by the **Youth Police Program**, to insure confidentiality, I hereby fully release, waive and discharge the Swatara Township Police Department, Swatara Township, the Swatara Township Board of Commissioners, and Youth Police Program Instructors/ Presenters or Volunteers from any and all claims, demands, or causes of action that may arise, directly or indirectly, including, but not limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure or private facts.

I hereby state that I understand the content and effect of this Release:

Participant's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Field Trip Consent Form

I hereby grant permission for _____ to attend field trips as planned by
Youth Program Participant's Name

Swatara Township Police Department personnel. Field trips could include, but may not be limited to, Steelton Borough Firing Range, Harrisburg Area Community College, Dauphin County Communications Center, Dauphin County Court House, etc. It is understood that the Swatara Township Police Department staff will exercise reasonable caution in conducting or participating in the event and agree that they will not be held liable for any accident that may occur beyond that which is covered by the Swatara Township Insurance. In the event of a medical emergency, I grant permission for treatment to be given by qualified medical personnel.

Parent/Guardian Signature

Date

The 2019 Swatara Township Youth Police Program will begin on August 12th, 2019 at 8:00 a.m. at the Swatara Township Municipal Building in the Public Meeting Room. The program will be held on every day through Friday, August 16th from 8:00 a.m.—1:00 p.m.

To be considered for enrollment for the Youth Police Program all applicants must meet and/or adhere to the following department standards:

- a. Community Members who want to enroll in the Youth Police Program can be residents and non-residents of Swatara Township.
- b. The Youth Police Program will have a maximum of 20 students. Preference will be given to Swatara Township residents first.
- c. Once a community member is approved by the Director of Public Safety he/she cannot be eliminated from the program unless the applicant is found in violation of any of these standards or in violation of any of the rules that will be enforced through the Youth Police Program
- d. All applicants must be 13-15 years of age by August 1st of 2019.
- e. All applicants must complete an application form, sign the waiver of liability form (to include parent/guardian signature), Medical Insurance Form, Parent Guardian Approval Form, Photo/Video Release Form, Field Trip Consent Form, as well as provide the completed medical examination form completed by a PA State Certified Physician. These forms shall be forwarded to the Program Director, Cpl. Brandon Pokrop.
- f. A parent or guardian of each participant **MUST** provide a copy of a governmental form of ID (such as a driver's license, state ID card, Passport or Military ID).
- g. All applicants, to include parents/guardians, shall sign and agree to submit to a criminal background check for the applicant.
- h. All applicants who were found to have been convicted or an adjudicate delinquent of any graded misdemeanor and/or a felony of any grade shall be immediately eliminated from the application process and will not be eligible to participate in the Youth Police Program.
- i. Applicants who have been convicted or an adjudicated delinquent of summary offense and/or any ungraded misdemeanor charges shall be considered for the program on a case by case basis.
- j. All community members who apply for the Youth Police Program shall be considered for enrollment as long as all of the above requirements have been met.
- k. Applications must be submitted by mail or in person.
- l. Participants shall be selected on a first come first serve basis unless the applicant is a non-resident of Swatara Township, in which case their enrollment may be approved to fill any remaining slots.

All applications submitted by mail can be mailed to the following address:

**Swatara Township Police Department
Youth Police Program
599 Eisenhower Boulevard
Harrisburg, PA 17111**

INTERNAL USE ONLY

Received By:		Date Processed:	
Mobile Synch YES NO		Juvenile Probation:	
Applicant Recommended YES NO			
Notes:			
CS Supervisor's Signature:		Date:	