**Harford County Sheriff’s Office**

**Youth Academy**

**Application Instructions**

* Applications are due by Sunday June 1, 2025.
* If you are accepted, you will receive notification by early June 2025.
* The physical form can be obtained by your family physician. School physicals completed within the past school year will be accepted.
* Medical information must be completed to include insurance provider, policy and group number, and guardian’s signature.
* At least one teacher recommendation must be attached to the application. This can be completed in normal letter format. The administrator recommendation must be completed.
* The student must complete a short essay. It should be typed. The essay should include the reason for wanting to participate, what the student hopes to accomplish during the week, and why the student should be considered for the Youth Academy.
* Many pictures are taken throughout the Academy of students completing exercises and interacting with staff. A media release must be signed by the student or parent and included in the application packet. If you have questions about this, contact an SRO.

**Please enclose all the following in your application packet:**

* Completed application
* Completed and signed Medical Authorization
* Administrator Approval
* Teacher Recommendation
* Student Essay
* Signed Participation Agreement and Release
* Signed Media Release
* Signed Behavior Contract

**\*Incomplete applications will not be considered\***

**If you have questions, please ask the SRO assigned to your school or call the HCSO School Policing Office at 410-809-2818.**

Harford County Sheriff’s Office

Youth Academy Application

(TYPE OR PRINT CLEARLY)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST MIDDLE LAST MM/DD/YYYY

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

 STREET CITY STATE ZIP

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult T-Shirt Size:\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you able to receive texts? YES or NO

High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in 2024/25: \_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_ Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to attend (circle one): *Jul 21- 25* OR *Aug 4–8* OR *No Preference*

Existing medical conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription and OTC Medications taken regularly (include vitamins, inhalers, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information in the Event of an Emergency (PRINT CLEARLY)**

Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical Treatment in the Event of an Emergency**

All efforts will be made to contact parent/guardian for authorization; however, we must have this authorization in the event that we are unable to contact you in an emergency situation.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize members of the Harford County Sheriff’s Office to obtain treatment for my son/ daughter in the event of an emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrator Recommendation**

You must get a school administrator to sign this form and check the appropriate recommendation block. **This** **must be completed before you turn in your application.**

Recommend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do Not Recommend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT NAME

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE

**Teacher’s Letter of Recommendation**

You must get one teacher to write a letter of recommendation for your admission into the Youth Academy. Please attach to this application.

Physical Form

The applicant must submit a completed physical form, which may be obtained from the applicant’s school nurse or physician. Physical forms, maintained by the applicant’s school and completed for participation in interschool sports are sufficient for the Youth Academy. You may also take a blank physical form from your school nurse and bring it to your doctor or a clinic (ex. Patient First) to complete.

**Essay**

Answer the following question in a typed essay and attach to application:

*Why do you want to attend the Harford County Sheriff’s Office Youth Academy?*



**Caution: Read the following carefully and sign below.**

*NOTE: Parent signs if student is under 18 years old.*

# Participation Agreement and Release

Fill in all blanks; submit forms for current session only, bearing original signatures (photocopies or facsimiles not acceptable).

## Agreement

In consideration of my participation in Harford County Sheriff’s Office Youth Academy classes, events, and activities, I agree to be bound by each of the following:

 1. Eligibility: I agree to comply with the rules of Harford County Sheriff’s

 Youth Academy.

 2. Readiness to Participate: I will only participate in those Harford County

 Sheriff’s Youth Academy classes, events, and activities for which I believe I

 am physically and psychologically prepared.

1. Waiver and Release: I am fully aware of and appreciate the risks, including

the risk of minor, serious, and even catastrophic injury, including paralysis and even death, as well as other damages and losses associated with participation in Harford County Sheriff’s Youth Academy classes, events, and activities.

 I waive and release all rights and claims for all losses or damages of any kind and character that I may have against the Harford County Sheriff’s Office, the Sheriff of Harford County or his deputies, the Harford County Sheriff’s Office Youth Academy, the sponsor of any Harford County Sheriff’s Youth Academy event, along with the employees, agents, officers, and directors of these organizations occurring as a result of my participation in any Harford County Sheriff’s Youth Academy classes, events, or activities or while traveling to or from such classes, events, or activities.

For any student who is not yet 18 years old: With the above in mind, and being fully aware of the risks and possibility of injury involved, as parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**child’s name**), I consent to have my child participate in the classes, events, and activities offered by Harford County Sheriff’s Youth Academy. I waive and release all rights and claims for all losses or damages that I or my child may have against the Harford County Sheriff’s Office, the Sheriff of Harford County or his deputies, the Harford County Sheriff’s Youth Academy event, along with the employees, agents, officers, and directors of these organizations in consideration of my child’s participation in Harford County Sheriff’s Youth Academy classes, events, and activities.

 I fully understand that the Harford County Sheriff’s Youth Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Harford County Sheriff’s Youth Academy staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Harford County Sheriff’s Youth Academy staff to call our doctor and to seek medical help, including transportation by a Harford County Sheriff’s Youth Academy staff member, to any health care facility or hospital, or the calling of an ambulance for said child should the Harford county Sheriff’s Youth Academy staff deem this to be necessary.

 I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child’s and my own protection.

 The Firearms Training Simulator uses real life videos that simulate actual police incidents. Your student may see graphic content and language that is associated with these law enforcement videos during the training simulator and other classroom activities. By signing below, you give permission for your student to view this content.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Harford County Sheriff’s Office

Youth Academy

BEHAVIOR CONTRACT

The Harford County Sheriff’s Office School Policing Team has designed this program for the benefit of all attendees. This Academy is intended to educate and expose each participant to the job function and atmosphere of a law enforcement officer. The curriculum is intense and information is not for entertainment but rather to assist you in making a serious career choice as to whether being a police officer is something you can handle personally and professionally. The itinerary is both physically and mentally demanding and you will be exposed to situations that command the utmost maturity and dedication. You will be tested on all of the information you receive throughout the week. For this reason, you will be expected to demonstrate respect and conduct yourself accordingly. HCPS policies and regulations will apply in addition to the Sheriff’s Office rules and regulations. Any inappropriate behavior or violation of the rules and regulations will result in your dismissal from the Academy.

Rules and regulations:

* At all times, the Sheriff’s Office Youth Academy staff and instructors are in charge and have the right to establish rules and regulations as necessary in addition to those that are listed.
* Use and possession of alcohol and tobacco products are strictly prohibited.
* Use and possession of **cell phones** are prohibited. A phone is available for EMERGENCY purposes only.
* Students may not leave the dormitory at any time without prior authorization.
* Students shall remain with the Academy group during off site tours.
* Insubordination and disrespect will not be tolerated.
* Guests of the students are not permitted at the camp or off-site except at graduation.
* Student vehicles are not permitted.
* Possession of any type of weapon (gun, knife) is prohibited.
* HCSO/HCPS is not responsible for any lost and/or stolen items; especially personal electronic devices i.e. iPods.

The above rules are in addition to the Harford County Public Schools and Harford Glen rules and regulations. Any violation will result in the student being immediately dismissed and the deposit being forfeited. Please complete the following paragraph acknowledging the aforementioned guidelines.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**student’s** **name**) agree to abide by all rules, regulations, and laws of the Harford County Public Schools, Harford Glen, and the Sheriff’s Office while in attendance at the Youth Academy. I understand that violations will result in my immediate dismissal from the Academy and I accept full responsibility for my actions. I further agree to treat others fairly and appropriately, not to discriminate against anyone, be supportive, positive, and respectful towards my peers and facilitators.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature**  **(Parent Signature if under 18)**

***Photography/Media Release***

I hereby grant the Harford County Sheriff’s Office permission to use my likeness in a photograph or digital image in any of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Harford County Sheriff’s Office and will not be returned. I hereby irrevocably authorize the Harford County Sheriff’s Office to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Harford County’s Sheriff’s Office’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Harford County Sheriff’s Office from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name) (Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian’s Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian’s Printed Name)