

Training

Police Academy participants will receive a 5 day course of comprehensive instruction with the Greenwich Police Department. Participants will also be asked to participate in physical agility drills.

Topics of Instruction

- **Intro to Policing**
- **Patrol Operations**
- **Motor Vehicle Stops**
- **Domestic Violence**
- **Marine Section**
- **Police Boat Ride-along**
- **Introduction to Forensics**
- **Introduction to Firearms**
- **Graduation**



QUESTIONS SHOULD BE

DIRECTED TO THE

GREENWICH POLICE

COMMUNITY IMPACT

SECTION

CIO KEITH E. HIRSCH

203-618-8305

CIO DANIEL PALADINO

203-618-8307

**Additional applications can be
obtained in person at:**

Greenwich Police Department

Front Desk 11 Bruce Place

Greenwich Connecticut 06830

or

Greenwich Town Hall

101 Field Point Road

Greenwich Connecticut 06830

**Applications may also be
downloaded from:**

www.greenwichct.org

Closing date for accepting

applications is

Friday June 12, 2015



Greenwich Police Department



2015 Youth Citizen's Police Academy

**All applications must be
received no later than Friday
June 12, 2015 in order to be
considered for a seat.**

2015 Youth Citizen's Police Academy Class is a 5 day course to see if you have what it takes to undertake a profession in law enforcement. The 5 day session will commence on Friday June 26th with a graduation barbeque.

The Youth Citizen's Police Academy is a program designed to stimulate Greenwich youths minds about law enforcement. It will provide a first hand overview of the Greenwich Police Department.

Instructors for the program will be highly trained and experienced Greenwich Police Officers.

A fee of \$75.00 is required for all students which will provide them with tee-shirts, barbeque and certificate of completion on the 5th day. *Scholarships available call to inquire*

A medical release form and Boy Scouts of America release form are required for all students. ***If you are already a registered**

Boy Scout you will be credited \$20.00 towards the registration fee.*

Applicants must be Greenwich residents or children of Town of Greenwich Employees in the 7th, 8th, or 9th grade and should confirm that they will be available for each class of instruction.

To be eligible for 2015 Youth Citizen's Police Academy class, you must be a **7th, 8th, or 9th grader** and complete this application form and mail to:

Community Impact Section
Greenwich Police Department
Community Impact Section
11 Bruce Place
Greenwich, CT 06830

YCPA APPLICATION FORM

Full Name / Grade 09/2015

Date of Birth

Home Address

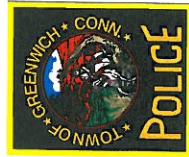
Contact Telephone Number

Email Address

Emergency contact (Parent/Guardian)

Emergency contact numbers

Tee-Shirt Size: S M L XL



Greenwich Police Mission Statement

The Greenwich Police Department, acting without fear or favor, will strive to provide superior law enforcement and public services in cooperation with its community. The department will actively promote an environment that encourages independent judgment and allows its employees to attain the highest levels of professional achievement.



Explorer Club

For Sixth-, Seventh-, and Eighth-Graders

The Explorer Club Learning for Life career education program is for young men and women who are in the sixth, seventh, and eighth grades.

The Explorer Club's purpose is to provide experiences to help young people learn about different careers.

Real-World Career Experiences®
Exploring

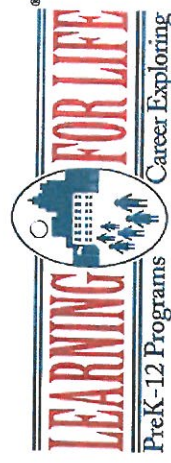
The Exploring Learning for Life career education program is for young men and women who are at least 14 (and have completed the eighth grade) or 15 years of age but not yet 21 years old.

Exploring's purpose is to provide experiences to help young people mature and become responsible and caring adults. Explorers are ready to explore the meaning of interdependence in their personal relationships.

YOUTH APPLICATION

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post or club by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Explorer posts/clubs can specialize in a variety of career skills. Exploring programs are based upon five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience.



☐ Exploring Post ☐ Explorer Club Number:

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☐ Transfer application

Transfer from council no.:

☐ Exploring Post
 ☐ Explorer Club

Number:

[illegible]

Country	Mailing address	City	State	Zip code
US				

Phone _____ - _____ - _____

Date of birth (mm/dd/yyyy) Grade

____ / ____ / ____ ____ / ____ / ____

School _____

Ethnic background:

☐ Black/African American ☐ Native American ☐ Alaska Native ☐ Asian

☐ Caucasian/White ☐ Hispanic/Latino ☐ Pacific Islander ☐ Other

Gender: ☐ Male ☐ Female

[illegible][illegible][illegible]

Country	Mailing address										City										State		Zip code													
US																																				

Home phone	Date of birth (mm/dd/yyyy)	Occupation	Employer	Gender:
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M

[illegible][illegible]

Signature of parent or club leader

Date

□□□□ / □□□□

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Retain on file

Signature of parent/guardian

Signature of Explorer

Participation fee	\$	<div><div></div><div></div></div>	<div><div></div><div></div></div>	Paid:	<div><div></div><div></div></div>	Cash	<div><div></div><div></div></div>	Check No.	<div><div></div><div></div></div>	Credit card	<div><div></div><div></div></div>
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Paid:	Cash	Check No.	Credit card
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Credit card

Retain on file for three years. 524-009



GREENWICH COUNCIL
BOY SCOUTS OF AMERICA
63 MASON STREET, GREENWICH, CT 06830
203-869-8424 • GREENWICHSCOUTING.ORG

ACTIVITY AND PHOTO CONSENT FORM AND APPROVAL
BY PARENTS OR LEGAL GUARDIAN

Activity: Greenwich Police Youth Citizen Police Academy

Dates: June 25-27, 2014

Location: Greenwich Public Safety Complex and Camp Seton, Greenwich, CT

First name of participant and middle initial _____ Last name _____

Birth date (MM/DD/YYYY) ____/____/____ Age during activity _____

Address: _____ City: _____ State _____ Zip: _____

Has approval to participate in: **Greenwich Police Youth Citizen Police Academy June 22, to June 26 2015 (please check one):**

☐ **Without restrictions**

☐ **Special considerations or restrictions (e.g. Dietary):** _____

HOLD HARMLESS AGREEMENT/PHOTO RELEASE AGREEMENT

I understand that participation in scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ **Date:** ____/____/____

(If participant is under 18): Parent/Guardian printed name: _____

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

Emergency Contact: _____ **Phone:** _____

By signing above, I hereby assign and grant to the Boy Scouts of America, the Town of Greenwich, and any related parties, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by the Boy Scouts of America, the Town of Greenwich, and any related parties, and I hereby release the Boy Scouts of America, the Greenwich Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Initial here _____ to opt out of Photo Release.

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Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____
(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____
(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____
Telephone: _____

Name: _____
Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____
Telephone: _____

Name: _____
Telephone: _____



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	_____
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	_____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	COPD	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	_____
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	_____
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	_____
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	_____
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	_____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	_____
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	_____



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by: _____

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.



Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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Please attach the
\$75.00 Registration Fee

Please make checks
payable to

**“The Silver Shield
Association”**