



Junior Police Academy Application Packet



The Norman Police Junior Police Academy (JPA) is accepting applications from students aged 12 to 15 years old. The purpose of JPA is to educate youth on police practices, policies, and procedures. The program's goal is to provide young people with knowledge and experiences related to law enforcement careers. Additionally, these young citizens will be empowered to act as a positive influence in our community through the servant leader mindset. The week-long experience blends classroom learning with hands-on activities to expose participants to various topics, including patrol tactics, criminal investigations, traffic safety, demonstrations, self-defense, firearms safety, internet dangers, and community partnerships.

JPA meets Monday through Friday from 8:30 a.m. to 12:00 p.m. Students will be expected to be on time each day and should be picked up no later than 12:15 p.m. There is no cost to attend. Students are encouraged to bring snacks.

There are a limited number of openings. To be considered, all forms must be complete and include one recommendation, signed releases and waivers, and a short answer to the question. Priority is given to applicants residing within the City of Norman.

Summer 2024:

2024 Junior Police Academy:

June 10 – June 21

(8:30 a.m. – 12:00 p.m. each day, Mon-Fri).

The deadline for the application is May 31, 2024.

Packet Contents:

Application

Recommendation

Medical & Travel Release Forms

Participation Guidelines

Question

**Completed application packets can be returned to the Norman Police Department
School Resource Officers c/o Officer Ali Jaffery, 201-B West Gray Street, Norman, OK 73069.**

For more information contact Lt. Ali Jaffery at
ali.jaffery@normanok.gov or 405.366.5279



Norman Junior Police Academy Application

Please Print



Name: _____
Last First MI

Address: _____
(Street/City/ Zip)

Phone: _____ Email: _____

Age: _____

School: _____ City: _____

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

(Please ensure the given size is in adult clothing)

Parent or Guardian Name: _____

Phone: _____ Second Phone: _____

Email: _____

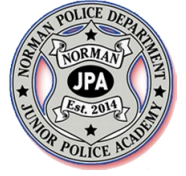
Emergency Contact Name: _____

Phone: _____ Second Phone: _____

In consideration of the benefits that my child will receive from his/her participation in the Norman Police Department's Junior Police Academy is sponsored by the Norman Police Department, I do hereby release the City of Norman, its police officers, public officials, agents and employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to my child or to my property arising out of or related to any happening or occurrence while my child is participating in the academy. I attest my child is physically fit and able to attend the Junior Police Academy. I also authorize the staff of the Norman Police Department to transport my child to locations for academy programs. I give permission to the Norman Police Department to use or release any media (photographs, video, social media, etc.) involving my child while participating in the Norman Police Junior Police Academy. I understand that this media may be released to local newspapers, television stations, and/or included on Norman Police Department official websites and other promotional material for the Norman Police Department.

Signature of Parent or Guardian

Date



Junior Police Academy Recommendation

Each applicant is required to have one recommendation. Acceptable recommendation can be from the following:

- Your current school Principal/Administrator
- Your current school Counselor
- A teacher or other staff member at your school
- Your School Resource Officer
- Civic or Organizational contacts

Applicant Name: _____

The above named applicant is applying to attend the **Junior Police Academy**.
By signing below you are providing them with your recommendation.

Recommendation: (Narrative not required)

Name: _____ Phone Number: _____

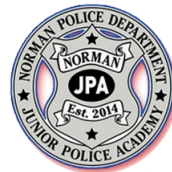
Relationship to applicant: _____

Signature: _____

Date: _____



Norman Junior Police Academy Medical Release Form



I, _____ (parent or guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of an accident, injury, sickness, etc., under the direction of the Norman Police Department, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for the period of the Norman Police Department's Junior Police Academy.

Address: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

As the parent or legal guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent, and the costs incurred for such treatment are the sole responsibility of the parent/guardian.

Signature of Parent/Guardian Date

Please list any medical conditions or allergies the applicant has:

Please list all medications regularly taken by the applicant:



Norman Junior Police Academy



TRANSPORTATION RELEASE FORM

Because the Norman Police Department has multiple facilities, we at times may transport students to and from different facilities for instruction and activities during the Junior Police Academy. It is necessary that parents/guardians grant their consent by signing the consent/release form below for their student to use City of Norman transportation to and from activities. Parents should also be aware that parents/students and are not covered under the City of Norman's insurance plan.

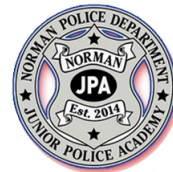
NAME OF STUDENT _____

As a parent/guardian of the above named student, I hereby give my consent for my student to ride with Norman Police Department Staff, City of Norman Employees, supervisors, officers, participants and persons as part of the Junior Police Academy. I do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Norman, Norman Police Department Staff, City of Norman Employees, supervisors, officers, participants and persons transporting my student to or from activities for any claim arising out of any injury to my child or children.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



Norman Junior Police Academy



Participation Guidelines

Applicant Name: _____

I agree to follow all directions given by academy staff.

I understand I am required to be on time for all classes and activities.

I agree to participate in all class assignments and activities.

I will immediately report to the academy staff if I become ill or injured.

I will conduct myself in a professional manner at all times in or out of class.

I will present a professional appearance while attending the academy.

I understand that I am not a peace officer and will not attempt to present myself as a peace officer. I will not attempt to enforce any law violations or other legal situations.

I understand that tardiness, absenteeism, or violation of academy rules can result in my immediate dismissal from the program.

Applicant Signature

Parent/Guardian Signature

Question:

Answer the following question: *(brief explanation and utilize additional sheet if space is needed for answer)*

Why do you want to attend the Norman Junior Police Academy
