

Tony R. Helms, Sheriff



PHONE: (573) 346-2243

FAX: (573) 346-2513

Camden County Sheriff's Office
1 Court Circle, Suite 13
Camdenton, Missouri 65020

The Camden County Sheriff's Office would like an opportunity to invite all students in 6th, 7th and 8th grades to apply to our week long Camden County Sheriff's Junior Police Academy. Each student will need to have their application and a short essay detailing why they want to attend turned into the Camden County Sheriff's Office by June 24th. This years' academy will take place on Monday July 25, 2022 through Friday July 29, 2022 and will include a mixture of full and half day activities. This year's academy will allow 25-30 students between grades 6 and 8 from Camden County to attend. If you have any questions please feel free to contact the Camden County Sheriff's Office. We look forward to your applications.

Respectfully,

Sergeant Richard Dziadosz - Patrol Supervisor
Captain Chad Bailey



PARENTAL PERMISSION AND RESPONSIBILITY

I understand that the Camden County Sheriff's Office Junior Police Academy may accept my child to attend their Academy on the basis that I/WE have agreed to assume all risks arising from participation in said Academy. I/WE, the Parent/Guardian of _____, consent to his/her participation in this program and assume all risks and claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending the Academy. The Academy staff and/or local hospital have my permission to treat the above child in the event of an emergency.

I/WE support the policies, regulations, and aims of the activities of the Camden County Sheriff's Office Junior Police Academy. I will talk to my child prior to attending the Academy and encourage them to take part in all activities, and to cooperate with the Academy staff and guest speakers.

I/WE also understand that if my child's behavior violates any of the Academy's rules or intimidates other cadets, the Camden County Sheriff's Office Junior Police Academy reserves the right to dismiss said child.

I/WE also understand that transportation to and from the Academy is my responsibility.

Printed Name of Applicant: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

****APPLICATIONS DUE NO LATER THAN JUNE 24TH****

PHOTO / VIDEO RELEASE

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 and appropriation of his/her likeness in any **Camden County Sheriff's Office** broadcast, publication, demonstration, or display of photographs and or video/film recording of **Camden County Sheriff's Office/ and Camden County Sheriff's Office Junior Police Academy**. The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by **Camden County Sheriff's Office** to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release **Camden County Sheriff's Office** its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness. I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of this Release and intending to be legally bound hereby, sign.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Printed Name of Applicant: _____





RECOMMENDATIONS

Each applicant is required to have two recommendations. Acceptable recommendations can be from the following:

- Your current school Principal/Administrator
- Your current school counselor
- A Teacher or other staff member of your school

1. Recommendation:

Name: _____ Phone Number: _____

Relationship to applicant: _____

2. Recommendation: _____

Name: _____ Phone Number: _____

Relationship to applicant: _____

Applicant Statement

Complete the following questions. Print NEATLY

1. Explain why you would like to attend the Camden County Sheriff's Office Junior Police Academy.

Printed Name of Applicant: _____

Signature of Applicant _____ Date: _____