

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 to extend the invite for all students going into the 5th, 6th, 7th and 8th grades in the 2024 – 2025 school year to apply to our week long Camden County Sheriff's Junior Law Enforcement Academy. Each student will need to have their application including a short essay detailing why they want to attend the Junior Law Enforcement Academy. These application need to be submitted by June 28th allowing for shirts to be ordered. This years' academy will take place from Monday July 22, 2024 through Friday July 26, 2024 and will include a mixture of full and half day activities. This year's academy will allow 25-30 students between fifth and eighth grades from Camden County to attend. If you have any questions please feel free to contact the Camden County Sheriff's Office. This program will be at no cost to the students. We look forward to your applications.

Respectfully,

Sergeant Richard Dziadosz - Patrol Supervisor





<u>Camden County Sheriff's Office</u> <u>Junior Law Enforcement Academy Application</u>

Name:					
Last	First	MI			
Address:					
Home/Cell Phone:	(Street/City/State/Zip Code) E-mail:				
Date of Birth:	_ Age: Sex: T-shirt (Adu l	t) Size:			
Allergies/ Medical Condition	ns:				
Parent(s)/Guardian(s):	· · · · · · · · · · · · · · · · · · ·				
Mom Work Phone:	e: Mom Cell Phone:				
Dad Work phone:	Dad Cell Phone:				
Relative(s) to notify	in case of an emergency/if a parent	is unavailable			
1. Name:	Relationship:				
Address:					
	(Street/City/State/Zip Code)				
Home/Cell Phone:		* .			
2. Name:	Relationship:				
Address:					
	(Street/City/State/Zip Code)				
Home/Cell Phone:					

I hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with the Camden County Sheriff's Office and the Junior Law Enforcement Academy, and the Camden County while my child attends Camden County Sheriff's Office Junior Law Enforcement Academy for any and all injuries suffered by him/her at said Academy. I attest and verify that my child is physically fit and able to attend the Camden County Sheriff's Office Junior Law Enforcement Academy.

Parent(s) Signature:	_ Date:
PARENTAL PERMISSION AND	ND RESPONSIBILITY
I understand that the Camden County Sheriff's County accept my child to attend their Academy or assume all risks arising from participation in said of, consent and assume all risks and claims of damage of ar receive by reason of accident or injury while attest staff and/or local hospital have my permission to an emergency.	the basis that I/WE have agreed to di Academy. I/WE, the Parent/Guardian to his/her participation in this program by nature or kind which my child could ending the Academy. The Academy
I/WE support the policies, regulations, and aims Sheriff's Office Junior Law Enforcement Academy attending the Academy and encourage them to cooperate with the Academy staff and guest spe on firearm handling and safety, marksmanship was supervision, mock crime scenes, and limited phy	y. I will talk to my child prior to take part in all activities, and to akers. These courses include instruction with BB gun under safety officer
I/WE also understand that if my child's behavior intimidates other cadets, the Camden County Sh Academy reserves the right to dismiss said child.	eriff's Office Junior Law Enforcement
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 28TH

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 Law **Enforcement 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:	<i>*</i>	
Relationship to applicant:			

Applicant Statement

Complete the following questions. Print NEATLY

 Explain why you would like to attend the Camden County Sheriff's Office Junior Law Enforcement Academy. 					
- /					
	f				
				No.	
	A.				
	-				
			1		
Printed Name of Applicant:					
Signature of Applicant			Date:		