

GRAND RAPIDS POLICE DEPARTMENT



2023 Youth Police Academy

Applicant's Name: _____
Last First Middle

Due By: March 31, 2023

Youth Police Academy Information

Who can participate?

- Any Current Sophomore or Junior or Senior attending any high school in Kent County.
- Current Freshmen may apply but may be denied.
- Students must have a minimum GPA of 2.0 and be in good standing at their school.
- The student must possess good moral character.
- The student must have an acceptable legal history.
- The student must be in good physical condition and pass a physical conducted by a licensed physician.

Mandatory Information Meetings*

Attendance is required at a Mandatory meeting held at the Grand Rapids Police Department located at 1 Monroe Center NW, Grand Rapids, MI 49503. The meeting date is as follows:

- Monday June 19, 2023 at 6 pm

* Parent attendance is required.

Academy Date:

- July 10, 2023 through July 14, 2023 from 8:00 A.M. to 3:00 P.M. (Approximate Times)

Attendance is MANDATORY for each day of the academy.

Applicants will need to turn in with their application a copy of:

- Driver's License or drivers permit (if applicable)
- Student Identification
- Letter of Recommendation from School Counselor, teacher, or coach
- Proof of Physical within the current school calendar year
- Resume

Additional Information

The Grand Rapids Police Department reserves the right to suspend or terminate the participation of any participant who engages in unsafe, insubordinate, or illegal behavior at any time before or during the Youth Police Academy.

If you have any questions, please call (616) 456-3301 between 8 a.m. and 5 p.m. weekdays or email us at GRPDrecruiting@grcity.us

INSTRUCTIONS

- 1) Read every question carefully. Answer every question even if it is redundant.
- 2) If the question does not pertain to you write "N.A." within the appropriate space.
- 3) All answers shall be printed clearly in your own handwriting using block letters, not cursive.
 - a. Electronic copies may be typed.
- 4) Answer every question completely.
 - a. If the space allotted is insufficient use the additional space provided at the end of the questionnaire. Be sure to include the number of the question and maintain the same question / answer format.
- 5) Send completed materials to GRPDrecruiting@grcity.us or mail them to:

Grand Rapids Police Department
Attn: Community Engagement Unit
1 Monroe Center N.W.
Grand Rapids, MI 49503
(616) 456-3301

Applications will be evaluated on their penmanship, grammar, spelling, and completeness of this questionnaire.

Applicant Information

1. **Name:** _____
Last First Middle

2. **Current Address:** _____
Number Street Apt

_____ City County State Zip

Home Phone: _____

Cell Phone: _____

E-mail: _____

4. **Date of Birth:** Month _____ Day _____ Year _____

5. **Explain, in your own words, why you have applied for the Youth Police Academy with the Grand Rapids Police Department:**

Education History

6. Current High School

School Name	Phone
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Starting Month / Year	Current Grade	GPA
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School References with email (E.G. Teachers, Counselors)

7. Previous High School

School Name	Phone
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Start Month / Year	End Month / Year	GPA
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School References with email (E.G. Teachers, Counselors)

8. Previous High School

School Name	Phone
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Start Month / Year	End Month / Year	GPA
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School References with email (E.G. Teachers, Counselors)

9. List any honors you have received below:

10. Were you ever expelled or suspended from High School, Junior High Schools and/or Elementary Schools that you have attended?

Yes No If yes, specify when, where, and reason:

11. List all school-related disciplinary action, including academic probation that has occurred since the sixth grade.

Employment History

12. In chronological order, list below your employment history. Begin with your present employer and continue listing all places previously employed.

A. _____ () _____
 Present Employer (If not currently employed, skip to 'B' below) Phone

_____ () _____
 Immediate Supervisor E-Mail Phone

Number Street

City State Zip

From: Month / Day / Year To: Month / Day / Year

Position Hours that you work

Duties and Responsibilities: _____

Reason For Leaving: _____

B. _____ () _____ -
Previous Employer Phone

_____ () _____ -
Immediate Supervisor E-Mail Phone

Number Street

City State Zip

From: Month / Day / Year To: Month / Day / Year

Position Hours that you work

Duties and Responsibilities: _____

Reason For Leaving: _____

C. _____ () _____ -
Previous Employer Phone

_____ () _____ -
Immediate Supervisor E-Mail Phone

Number Street

City State Zip

From: Month / Day / Year To: Month / Day / Year

Position Hours that you work

Duties and Responsibilities: _____

Reason For Leaving: _____

AUTOBIOGRAPHY

INSTRUCTIONS: Provide us with a written history of your life. Follow the instructions carefully.

- Print in your own handwriting.
- Use black ballpoint pen, no pencil.
- Sign your autobiography by using your normal signature.

AUTOBIOGRAPHY

Emergency Contact Information

The following designated individuals may act on behalf of the parent/guardian in case of emergency where the parent/guardian cannot be reached. This information must be filled out before your child can participate in the Youth Police Academy. Thank You for your cooperation.

Parent/Guardian Contact

Last	First	Middle
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Number	Street
--------	--------

City	State	Zip
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Relationship	Phone Number	Cell Phone
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Alternate Contact 1

Last	First	Middle
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Number	Street
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City	State	Zip
------	-------	-----

Relationship	Phone Number	Cell Phone
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Alternate Contact 2

Last	First	Middle
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Number	Street
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City	State	Zip
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Relationship	Phone Number	Cell Phone
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Release and Hold Harmless Agreement

We, the undersigned, hereby acknowledge that I am the applicant and parent or legal guardian for the minor child (if under 18 years old)

(Last) _____ (First) _____ (Middle) _____.

In consideration for my/minor child's participating in the Grand Rapids Youth Police Academy, the undersigned hereby agrees that we will assume any and all risks resulting from the attendance and participation of me/my child at such functions and activities of the Youth Police Academy program. We further release the City of Grand Rapids and the Grand Rapids Police Department from any and all liability resulting from my/my minor child's attendance and participation.

We further agree to indemnify and hold harmless the City of Grand Rapids, its agents, employees, officers, directors and volunteers from any and all claims, demands, expenses and liability, whether for personal injury, death or property damage arising out of the participation of my/my minor child in a Youth Police Academy function or activity.

We further consent and authorize the City of Grand Rapids to make use of my/my minor child's name, pictures, photographs and other likeness of me/the child in newspapers, advertisements or on the City of Grand Rapids Police Department web site to further promote its program.

Applicant Print Name _____

Applicant Signature _____ Date _____

Parent/Guardian Print Name _____

Signature of Parent/Guardian _____ Date _____



Photo Release Wavier

We, the undersigned, give permission to the Grand Rapids Police Department to make or use pictures, slides, digital images, or other reproductions of me/my minor child,

(Last) _____ (First) _____ (Middle) _____,
or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of the Grand Rapids Police Department

Applicant Print Name _____

Applicant Signature _____ Date _____

Parent/Guardian Print Name _____

Signature of Parent/Guardian _____ Date _____



Permission to Conduct a Background Investigation

As an applicant and the parent or legal guardian of applicant for the City of Grand Rapids Police Department Youth Police Academy, we hereby authorize the City of Grand Rapids Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. We understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Police Academy. We understand that all available police and criminal records will be checked and that the information will be used solely in determining eligibility of applicants for the Youth Police Academy. All information is to remain confidential as required by state and federal statutes.

Applicant Print Name _____

Applicant Signature _____ Date _____

Parent/Guardian Print Name _____

Signature of Parent/Guardian _____ Date _____



Emergency Medical Treatment Form

To: Emergency Room Medical Staff

I or my son/daughter,
(Last) _____ (First) _____ (Middle) _____,
has my permission to participate in the Grand Rapids Police Department Youth Police Academy. In the event of an illness or injury while participating in this activity, I consent to X-ray, examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Our family physician is _____

Address _____ Phone _____

Medical Coverage Company _____

Exp. Date _____ Policy Number _____

Applicant Print Name _____

Applicant Signature _____ **Date** _____

Parent/Guardian Print Name _____

Signature of Parent/Guardian _____ **Date** _____

Telephone number that I can be reached at _____

Alternate number that I can be reached at _____

Special Medical Problems, Allergies and/or Prescribed Medications

Release of Information Waiver Instructions

Applicant,

Complete the Release of Information Waiver found on the next page by carefully following these instructions:

Read the Release Carefully

Complete the Release in the Presence of a Notary Public

Print clearly in **black ink**

Complete the upper portion of the Release by filling in your name, social security number, and date of birth in the appropriate spaces.

Complete the box in the lower right corner in front of the Notary by signing your name in your original signature and by printing your address and phone number

Have the Notary Public notarize the Release

Over 18 years old

Applicant, you will need to bring your license or state ID card with you in order to get this notarized.

If you do not have one you will need photo ID and your birth certificate

Under 18 years old

Applicant, in addition to the above items for yourself you will need to bring a parent or legal guardian with you and they will need a license or state ID with them as well.

This document can be notarized free of charge at the Grand Rapids Police Department Records Unit at 1 Monroe Center St NW GR MI 49503 between 8am-4pm Monday through Friday. You can also get documents notarized with other notaries if more convenient.

**GRAND RAPIDS POLICE DEPARTMENT
1 MONROE CENTER, N.W. GRAND RAPIDS, MI 49503**

AUTHORITY FOR RELEASE OF INFORMATION

Name:

_____ SSN#: _____
Last First Middle Social Security Number

Maiden or other name known by:

Last First Middle

I, _____, born _____, do hereby authorize review and/or full disclosure of all records, or any part thereof: concerning myself by and to any duly authorized agent of the Grand Rapids Police Department whether said records are public, private, or confidential in nature. By checking the boxes below and signing this form, I verify that I have read this form, that I understand each of the paragraphs set forth below, and that I have agreed to the terms of this release freely and voluntarily.

INITIAL EACH BOX

- I understand my rights under 5 U.S.C. 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I hereby waive those rights with the understanding that the information furnished by any person or agency subject to the Act will be used by the Grand Rapids Police Department solely in conjunction with employment procedures.
- The intent of this authorization is to give my consent for the full and complete disclosure of the release of records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; as well as records of civil complaints made by or against me, wherever located.
- I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of a pre-employment background investigation that may provide information for the Grand Rapids Police Department to consider in determining my suitability for employment at the Department. It is my specific intent to provide access to any information about me, however personal and confidential it may appear to be, from the sources of information specifically identified herein as well as from sources of information identified by me on my background questionnaire.
- I understand that any information obtained by personal history background investigation that is developed directly or indirectly, in whole or in part, on the basis of this release authorization will be considered in determining my suitability for employment at the Grand Rapids Police Department. I understand that all materials and information pertaining to this background investigation become the property of the Grand Rapids Police Department and will not be returned or disclosed to me. The information you release is for official use by the Grand Rapids Police Department; however, I understand that they may at their discretion re-disclose the information to a third party if said party presents a release authorized by me as provided by law.
- I agree to hold harmless any person and/or entity that is presented with this release, as well as their agents and employees, and waive any and all claims, damages, losses and expenses, including reasonable attorney's fees, that I may have which arise out of or by reason of complying with this request for information. This authorization shall continue in effect until revoked by me in writing. You may contact me at the address listed on this form if you question the validity of this release. I agree to pay any and all charges and fees concerning this request and can be billed for such charges at the address listed. I further understand that in the event my application is approved or disapproved, all information including confidential sources shall not be revealed to me.

A photocopy of this release is valid as an original, even though said photocopy does not contain an original writing of my signature.

THIS MUST BE COMPLETED IN THE PRESENCE OF A NOTARY

<p>Subscribed and Sworn to before me this _____ day of _____, 20____.</p> <p>Notary: _____</p> <p>My Commission Expires: _____</p>	<p>Applicants Signature: _____</p> <p>Current Address: _____</p> <p>Telephone Number: _____</p>
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