 Classes held at the Kent Police and Fire Training Center  
24523 116th Ave SE Kent, 98030

Keep this page

KENT POLICE DEPARTMENT
TEEN ACADEMY
APPLICATION

Classes Held

AUG 13-15
9:00 a.m - 4:00 p.m.

Intro to Kent Police and a Law Enforcement Career
For students that will be Sophomores, Juniors, and Seniors during the 2019-2020 school year, and 2019 Graduates.

Participants will learn from Kent Police officers about:

• Applying for law enforcement career: decision making, job preparation, process
• Detectives
• Patrol, K9, Bike Patrol
• Evidence
• Criminal law and procedures
• Use of force and defensive tactics

• Physical Fitness
• Traffic enforcement and accident investigation
• Building searches & mock scenes
• Firearms training simulator (FATS)
• Narcotics
• SWAT

The following are required:

☐ Completed application packet. Due June 14, 2019
☐ Signed Participant Rules
☐ Release agreement – signed by parent/guardian
☐ Copy of driver’s license for background check
☐ Participation in physical fitness program
☐ Attendance the entire week

☐ Letter of interest - 100 words or less on why you want to attend the Kent Police Department Teen Academy (print or type)
☐ One recommendation from school counselor, administrator, teacher or coach (use included form)
☐ Transportation to/from academy.
☐ Please check here if you need help with transportation

For any Questions Contact:
Stacy Judd, Community Education Coordinator
253-856-5883 or sjudd@kentwa.gov

Classes held at the Kent Police and Fire Training Center
24523 116th Ave SE Kent, 98030

Keep this page
City of Kent Police Department Teen Academy Application 2019

First Name ________________________ Last Name ______________________________ Middle Initial _________ M/F __________________

Mailing Address __________________________________________ City __________________________ ZIP __________________

E-mail Address of Parent/Guardian: _____________________________________________________________________________________

Home Phone ______________________ Cell Phone _____________________________ Email ______________________

Birthdate ___/____/____ Age _________ School Attending _________________________ Grad Year ________________________________

Emergency Contact: Name ___________________________________________________ Relationship ______________________________

Home Phone _______________________________________________ Business Phone __________________________________________

How did you hear about the Academy? _____________________________________________________________________________________

T-Shirt Size*: ___Small ___Medium ___Large ___XL ___2XL ___3XL

Dietary restrictions? ________________________________________________________________________________________________

I certify that the information in this application is correct to the best of my knowledge: ______________________________________________________

*Water, TShirts, Lunch, and Academy materials will be provided

For any Questions Contact:
Stacy Judd
Community Education Coordinator
253-856-5883 or sjudd@kentwa.gov
PARTICIPANT RULES
PLEASE READ CAREFULLY

1. Each participant must complete an application and have a parent/guardian sign the parental permission
   authorization below.

2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the
   training sessions. Absences from more than two sessions may prevent a participant from graduating.

3. Participants are expected to dress in appropriate attire. No shorts or tank tops are permitted. Jeans are permitted
   as long as they are clean, have no holes, cuts, etc. T-shirts are permitted as long as they are clean, no holes, tears,
   cuts and if they are imprinted, the imprint must be in good taste. Any t-shirt with foul language, in poor shape or
   is offensive in any manner will not be allowed. The instructors reserve the right to request the student leave the
   classroom. The student may change and return that day if possible.

4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives,
   pocketknives, any item which can be construed as a weapon. Any violation of this rule could result in immediate
   dismissal from the academy.

5. Participants shall be polite and respectful of all instructors, police officers, other adults and students during class.

6. It is important that class start on time and there are as few disruptions as possible. Participants are expected to
   arrive on time.

7. Gang symbols, paraphernalia (such as bandanas, beads, etc.) will not be tolerated. Displaying gang signs or symbols
   will result in the student being asked to immediately leave the program.

Failure to follow these rules may result in your removal from the program.

I certify that I understand the requirements of participating in this program.

Participant Signature: ___________________________________________ Date: ____________________

Parent / Guardian Signature: ______________________________________ Date: ___________________

List your name as you wish it to appear on your certificate:

______________________________________________________________

Please print

For any Questions Contact:
Stacy Judd
Community Education Coordinator
253-856-5883 or sjudd@kentwa.gov
Kent Teen Academy Personal Recommendation

First Name ________________________ Last Name ______________________________ Relationship to student ______________________

How long have you known him/her? __ ______________________________ In what capacity? __ _____________________________________

Please rate the student on a scale of 1-5 ( 1 = Needs development  5 = Excellent)

Applicant:

Demonstrates Commitment 1 2 3 4 5
Follows through on projects 1 2 3 4 5
Gets along well with others 1 2 3 4 5
Expresses creativity 1 2 3 4 5
Has good communication skills 1 2 3 4 5
Collaborates to find solutions to problems 1 2 3 4 5

Other comments: __________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Signature: _____________________________________________________________  Date:  __ _____________________________

For any Questions Contact:
Stacy Judd
Community Education Coordinator
253-856-5883 or sjudd@kentwa.gov
Participant / Parent Waiver

Please identify any medical conditions which those administering the Academy should be aware of: ________________________________

_____________________________________________________________________________________________________

EMERGENCY CONTACT A

First/Last Name: ____________________________________________ Relationship to Participant: ________________________________

Address: ____________________________________________ City: _______________ Zip: ___________________

Home Phone: ( ) ____________________________ Cell: ( ) ____________________________

Work Phone: ( ) ____________________________ Email: __________________________________________________________________

EMERGENCY CONTACT B

First/Last Name: ____________________________________________ Relationship to Participant: ________________________________

Address: ____________________________________________ City: _______________ Zip: ___________________

Home Phone: ( ) ____________________________ Cell: ( ) ____________________________

Work Phone: ( ) ____________________________ Email: __________________________________________________________________

EMERGENCY CONTACT C

First/Last Name: ____________________________________________ Relationship to Participant: ________________________________

Address: ____________________________________________ City: _______________ Zip: ___________________

Home Phone: ( ) ____________________________ Cell: ( ) ____________________________

Work Phone: ( ) ____________________________ Email: __________________________________________________________________

The Participant and their Parent(s) signing below acknowledge acceptance of the inherent risk involved in the activities undertaken during this training program sponsored by the City of Kent, Washington and its Police Department. In addition to acknowledging inherent risk, the Participant also agrees to defend, indemnify and hold the City, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with this activity, except for injuries and damages caused by the sole negligence of the City. I give permission for my child/myself to be photographed and/or videotaped by the City of Kent and public media, unless a separate request not to be photographed is submitted. I understand that the photograph/video will be used to promote the Teen Police Academy and I give permission for that use.

Parent Signature: ____________________________________________ Date: _______________

Participant Signature: ________________________________________ Date: _______________