



MEMBERSHIP APPLICATION

New Castle County Police Youth Academy Membership Application

Program Information

What is the New Castle County Police Youth Academy?

The New Castle County Police Youth Academy is designed for boys and girls, young men and women who need mentorship. The goal of the program is to teach the youth values and discipline needed to succeed in a variety of careers and in life. The program offers lots of fun-filled, hands-on activities that promote the growth and development of the youth. Young men and women who join will learn a variety of police procedures, including fingerprinting, evidence collection and patrol procedures. They will also participate in a host of community events. The youth will be equipped with tools needed for future careers and successful citizenship within our communities.

Benefits:

- Self-confidence
- Leadership
- History of Law Enforcement
- Community Service
- Team building
- Physical Fitness
- Time Management
- Increase positive interactions with Law Enforcement

Some of the Training Includes:

- Ethics and Moral Issues
- Juvenile, Criminal and Traffic Law
- Youth and Law
- Arrest and Search Procedures
- CPR & First Aid
- Controlled Substance Awareness
- Educational blocks of instruction relating Law Enforcement Firearms Safety
- Job Preparation



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Application Requirements

Eligibility Requirements

This program is available to juveniles and young adults between the ages of 14 and 18 with a minimum grade point average of 2.0 with no violent criminal convictions. Applicants will need to complete an application. All applicants must provide the most recent copy of their report card.

How to Apply:

Membership applications must be delivered in person, **submitted by email or mailed** to the following address **by September 30th, 2021**:

New Castle County Police Youth Academy
Community Services Unit
Cpl. William DeJesus
3601 North DuPont Highway
New Castle, DE 19720

MEMBER INFORMATION

Name: _____ Date of Birth: _____ Age: _____ Grade: _____
Address: _____ School: _____
City: _____ State: _____ Zip: _____ Email: _____
Home Phone: _____ Cell Phone: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Phone Number: _____
Father/Guardian Name: _____ Phone Number: _____
Emergency Contact: _____ Phone Number: _____

MEDICAL INFORMATION

Is your child on any medication? If yes, describe:



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Does your child have any physical limitations? If yes, describe:

SIGNATURE

I certify that my child is in good health and is amiable to normal discipline necessary for a successful group experience. I give permission for New Castle County Police to take my child on field trips and/or other topic related activities.

Parent/Guardian Print Name

Relationship to Child

Parent/Guardian Signature

Date