

# New Castle County Police & Paramedic Summer Youth Program

Presented by New Castle County Police and New Castle County Paramedics

## About the Program

This program is intended to provide youth, that have an interest within public safety, with comprehensive training, service and experience while promoting education, physical fitness, leadership, team dynamics, life skills and most importantly good citizenship. There is no cost to participate in this program.

**Program Location:** 2744 Red Lion Rd, Bear, DE

## Program Activities Include

- CPR training
- Basic Life Support instruction
- Physical fitness/Nutrition
- Mental Health education and awareness
- Occupational Preparation

## Eligibility Requirement

This program is for youth between the ages of 14 and 17 years old with a minimum Grade Point Average (GPA) of 2.0 and no violent crime convictions. All applicants must submit an application along with the most recent copy of their report card or proof of most recent GPA.

Applications must be submitted through email or mail by **April 1, 2023.**  
Applicants will be notified of acceptance in **May.**

**Email** your application to: [william.dejesus@newcastlede.gov](mailto:william.dejesus@newcastlede.gov) and [David.Aber@newcastlede.gov](mailto:David.Aber@newcastlede.gov)

**OR Mail** your application to: New Castle County Police  
Attn: Community Services Unit- Youth Camp  
3601 North DuPont Highway  
New Castle, DE 19720



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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Circle your interest:    Police            Paramedic (program includes experience in both)

## 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, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any injuries or physical limitations? If yes, please 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 related activities.

Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Print Name

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_