

Lee County Sheriff's Department
Junior Deputy Academy

Application Packet



Jim H. Johnson, Sheriff

All application forms must be filled out completely and returned to the Lee County Sheriff's Department's Youth Services Division at 510 North Commerce Street in Tupelo, **no later than June 1, 2008**. Selected applicants will be notified, in writing, after a review board process, by the end of May. Please call 662-680-6037 for more information.

CLASS WILL BE HELD FOR 2008: July 7 – 18. Class runs M-F 8am – 3pm

**Lee County Sheriff's Department
Junior Deputy Academy**

Application

(Please PRINT – Make sure the application is completed in full)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: ___/___/_____ **SSN:** ____-____-_____

SEX: Male _____ Female _____

SCHOOL: _____ **GRADE:** _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

ADULT SPONSOR: _____ **PHONE:** _____

Applicant's Signature

Parent/Guardian Signature

Adult Sponsor

**Lee County Sheriff's Department
Junior Deputy Academy
Participation Waiver**

Applicant's Full Name

Grade Completing in May '08 & School

Street Address

City

State

Zip

Date of Birth

Sex: M F

Parent/Legal Guardian Name

Home Phone

Work Phone

Emergency Contact Person

Phone Number

Relationship

Insurance Carrier

Policy Number

Purpose: Your child has applied for acceptance in the Lee County Sheriff's Department's Junior Deputy Academy. The Junior Deputy Academy seeks to encourage youth who display an interest in law enforcement through exposure to realistic training offered by certified Law Enforcement Officers. Personal responsibility, physical fitness, and career counseling are stressed through a curriculum offered that stresses personal pride with military bearing. This waiver is to give permission for your child to enroll into the two-week program. This form also enables you to authorize the provision of emergency treatment for your child in the event of an accident, while under the authority of the Lee County Sheriff's Department and the County of Lee in the event parents or guardians cannot be reached.

This is to acknowledge that we, the undersigned parent(s) or legal guardians of _____ (applicant) give permission for my (our) child to participate in the program. In the event of such injury to my child and we (I or my spouse or guardian) can not be contacted, give permission to a qualified and licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.

We (I) release the Lee County Sheriff's Department and Lee County, it's employees, agent, volunteers and it's assigns from any personal injuries or damages caused by or having relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. This release form is compiled and signed of my own free will and with full knowledge of its significance. I have read, or have had read to me, this release and understand all if its terms.

This form will need to be notarized. (We can do this at the Sheriff's Dept.)

Parent/Guardian Signature

Date

Lee County Sheriff's Department
Junior Deputy Academy

Medical Screening Form

Name	Date of Birth		
Parent/Guardian	Phone		
Street Address	City	State	Zip

Physical Fitness Training Curriculum:

During the two weeks of training the sets of exercises may be repeated if not done to the instructor's satisfaction, or the proper level of motivation is not displayed. All Cadets will be required to engage in warm up exercises and stretching exercises ten (10) to fifteen (15) minutes prior to actual sets of building exercises. All repetitions below are subjective based on overall class fitness and instructor discretion. All physical fitness training blocks will be overseen by a certified physical fitness instructor.

Week One

<u>Exercise</u>	<u>Repetitions</u>	<u>Sets</u>
Jumping Jacks	10	3
Push ups	10	3
Crunches	10	3
Leg Raises	10	3

Week Two

<u>Exercise</u>	<u>Repetitions</u>	<u>Sets</u>
Jumping Jacks	12	3
Push Ups	12	3
Crunches	12	3
Leg Raises	12	3

Wind sprints and one mile endurance runs/walks will also be done.

Team sports such as softball, basketball, volleyball, etc. will be played with participation required. Cadets will not be required to attain any minimum to graduate the program, but will be strongly encouraged through positive reinforcement to their best in all activities.

MEDICAL SCREENING FORM – PAGE 2

A medical screening will be required in order to participate.

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT ON THE DATE STATED BELOW, A PHYSICAL EXAMINATION OF THE APPLICANT NAMED IN THIS MEDICAL SCREENING FORM, WAS COMPLETED. FURTHER, IT IS MY MEDICAL OPINION THAT THE EXAMINEE IS PHYSICALLY ABLE TO PARTICIPATE IN THE EXERCISE ACTIVITIES LISTED IN PAGE 1 OF THE MEDICAL SCREENING FORM.

Printed Name of Attending Physician

Date of Examination

Signature of Attending Physician