



# GAINESVILLE POLICE DEPARTMENT



Information provided on this form is subject to the State of Florida public records law (Sec. 119.07, Fla. Stat.). Under this law, the City is required to provide access to and copies of a non-exempt public record upon proper request from a member of the public.

## Junior Police Academy Application- 2025

Held Monday June 16<sup>th</sup> - Friday June 20<sup>th</sup> 2025

PLEASE EMAIL A COMPLETED APPLICATION BY May 30<sup>th</sup> 2025. There is a \$50 fee for the Academy. Ofc. R. Shugan [shuganri@cityofgainesville.org](mailto:shuganri@cityofgainesville.org). Can be reached by phone (352) 317-4815.

### Section 1 – To be completed by the parents

Applicant's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cellular Number; \_\_\_\_\_

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

Grade Entering August 2025: \_\_\_\_\_ School: \_\_\_\_\_

Circle size: **Youth Shirt Size:** Child - Sm Med Lg **Adult -** Sm Med Lg XLg 2X

Parent/Guardian #1 Name: \_\_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

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

Parent /Guardian #2 Name; \_\_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list all health concerns, limitations, or restrictions and medications for your child:

---

---

The following people may **NOT** pick my child up from the Academy:

---

PLEASE CHECK:

\_\_\_\_\_ My child will be a walker.

\_\_\_\_\_ I will provide transportation for my child. He/she is NOT to walk to or from the Academy.

**Section 2 – To be completed by the candidate**

Have you ever been expelled or suspended from school? If yes, please specify and explain.

YES       NO

---

---

A criminal history will not necessarily exclude Candidates, but a failure to report will cause for immediate removal. Due to the nature of the program, we must know the type of individuals representing the Academy. Have you ever been arrested/ given a Juvenile citation, a suspect to a crime or questioned by the Law Enforcement? If yes, please explain.

YES       NO

---

---

Are you considering a career in Law Enforcement? If yes, please explain.

YES       NO

---

---

There are portions of the class that require physical effort as well as classroom training. Are you willing and able to freely accept the challenges that will come with the Junior Police Academy?

YES       NO

Attendance is required for all portions of the 5-day Academy. Will you commit to attend and participate the entire program, knowing that failure to do so constitute discharge from the Academy?

YES       NO

In your own words, explain why you should be a candidate in the Gainesville Police Department Junior Police Academy:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please attach a second sheet of paper if you need more room to finish.

## TERMS OF ENROLLMENT

- ◆ Fees must be paid upon arrival of the first day of camp. If sponsorship is need please advise.
- ◆ Candidates are currently in 6<sup>th</sup> – 8<sup>th</sup> or entering 9<sup>th</sup> grade, with at least a 2.0 GPA. Candidates must attend all sessions every day. Unexcused absences are cause for dismissal.
- ◆ Candidates will adhere to the Rules and Regulations or will be **dismissed without review**.
- ◆ Candidates should not bring any valuables to the program, including toys, jewelry, money etc. Staff is not responsible for loss/damage items. Staff will not hold or store these possessions. **Dress code** will be enforced daily. **Closed-toed sneakers everyday** (No sandals) **Gym shorts & any T Shirt** for physical training every morning of the camp **JPA T-shirts** will be issued upon payment, used daily for field trips

The Academy will be held at the Oscar Lewis Center at 524 NW 1<sup>st</sup> St. Academy hours are 8:00 a.m. – 4:30 p.m. Candidates need to be picked up **promptly at 4:30 p.m.** Early drop-off hours are from 7:30a.m. - 8:00 a.m. Late pick- up hours is from 4:30 p.m. until 5:00 p.m. Any candidate not picked up by 5 p.m. will be charged a \$10 late fee per half hour. Junior Police Academy Staff must be notified **PRIOR** to the first day of camp if early drop off or late pick up is needed. Do not drop students off before 7:30a.m. as there will be no supervision before that time.

## **RELEASE AND HOLD HARMLESS AGREEMENT (Parent or Guardian Complete if under 18)**

I understand that police service is, by its nature, inherently dangerous. However, I also understand that my child will not be placed in any hazardous condition or atmosphere that would compromise his/her health or safety.

I, (parent/ guardian) \_\_\_\_\_ hereby acknowledge that I am the parent or legal guardian for the minor child (Youth Name) \_\_\_\_\_.

In consideration for my minor child participating in the GPD Junior Academy, the undersigned hereby agrees that I will assume any and all risks resulting from the attendance and participation of my child at such functions and activities of the GPD Junior Academy program. I further release the City of Gainesville and the Gainesville Police Department from any and all liability resulting from my minor child's attendance and participation. I further agree to indemnify and hold harmless the City of Gainesville, 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 minor child in a GPD Junior Academy function or activity. I further consent and authorize the City of Gainesville to make use of my minor child's name, pictures, photographs and other likeness of the child in newspapers, advertisements or on its website(s) to further promote its programs.

Medical clause:

If I cannot be reached in the case of an emergency, I hereby give my permission to the physician selected by the Gainesville Police Department's authorized staff member to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

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

Name of Child's Doctor: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ ID No. \_\_\_\_\_