

**JACKSON PUBLIC SCHOOLS (JPS) JROTC**  
**YOUTH CITIZENS' POLICE ACADEMY**  
**Jackson, MS**  
**JUNE 1-6, 2020**

**Application for Admission**

All applicants must have been cadet enrolled in JPS JROTC SY 2019-2020. Any incomplete and/or unsigned applicants will not be considered. This document is a public record and the information may be released by the police department without your further consent. Please type or print all information.

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending: \_\_\_\_\_

Passing to Grade: \_\_\_\_\_ Age: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

## EMERGENCY CONTACT INFORMATION:

The following designed individuals may act on behalf of the Parent/Guardian in case of an emergency where the Parent/Guardian contact cannot be reached. This information must be completed before your child can participate in the Youth Citizens' Police Academy.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Please list any medical conditions or prescription medications taken:

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## BACKGROUND:

Please explain why you want to attend the Youth Citizens' Police Academy and what you hope to learn, if you are selected to attend:

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Please list any associations, clubs, or organizations that you belong to. Also, list any awards or honors that you have received.

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How did you hear about the Youth Citizens' Police Academy? (Check one)

\_\_\_ City of Jackson brochure    \_\_\_ newspaper    \_\_\_ TV    \_\_\_ JROTC  
\_\_\_ family/friend    \_\_\_ other    \_\_\_ Radio

Please review your answers carefully and read the statement below before signing this application:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answer to questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Jackson Youth Citizens' Police Academy. I further understand that Jackson Police Department will be conducting a thorough background investigation that may include, but is not limit to a criminal history, employment history, and personal reference check. I authorize any individual, company, organization, or institution to release to the Jackson Police Department any and all information concerning this application. I hereby release all parties and individuals connected therewith from all liabilities and for any damages whatsoever incurred for furnishing that information. I also understand that any student will be expelled from the Jackson Youth Citizens' Police Academy if said student is disruptive or otherwise interferes with the presentation of this program. I understand that all applicants will be accepted or rejected upon the sole discretion of the Chief of police or his designee. In case of a sudden illness or other serious medical emergency, if I (the undersigned parent/guardian) cannot be reached, I authorized a member of the Jackson Police Department to take the appropriate action in seeking medical attention. I consent and authorize the City of Jackson to record my likeness and/or voice for the use by television, film, radio, or printed media to further promote the programs of the City of Jackson and the Jackson Police Department.

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Signature of Applicant

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Date

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Signature of Parent/Guardian

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Date

## HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_ hereby release, discharge, and agree to hold harmless the City of Jackson Police Department, its officers, agents and employees from any and all liability, claims, demands, rights, or causes of action, presents or future, whether known or unknown, anticipated, or not anticipated, which may occur as the result of my child's participation in the Youth Citizens' Police Academy program, even under circumstances in which that personal injury, illness, death, property damage or loss is caused in whole or in part by the carefully read this agreement and fully understand its contents. I have had the opportunity to consult my own independent legal counsel, and do hereby voluntarily execute this agreement and release of liability.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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**For the Jackson Citizens' Police Academy staff use only:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Disposition: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected

Date: \_\_\_\_\_

Applicant Notified By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cmdr. Marco Johnson

JPD Training Academy

(601) 960-1378

**JACKSON PUBLIC SCHOOLS (JROTC)  
JACKSON POLICE DEPARTMENT  
YOUTH CITIZENS' POLICE ACADEMY  
PHOTO AND QUOTE RELEASE FORM**

I hereby grant permission to anyone authorized by the JPS JROTC and the JPD Youth Citizens' Police Academy, to use and/or reproduce any quotes given by me and/or all photographs that have been taken of me during the Youth Citizens' Police Academy, without compensation to me. All negatives and positives (whether digital or film), together with any prints, are owned by the JPS JROTC and the JPD Youth Citizens' Police Academy.

The JPS JROTC and the Youth Citizens' Police Academy reserves the right to crop and edit the photographs and/or quotes to use these photographs and/or quotes in any form, including but not limited to print and electronic publications, broadcasts, and/or billboards. JPS JROTC and the JPD Youth Citizens' Police Academy may choose not to use the photographs and/or quotes at all, or may choose to use the photographs and/or quotes at its discretion at a later date. The JPS JROTC and the JPD Youth Citizens' Police Academy the right to discontinue use of photos and/or quotes without notice.

I acknowledge that I have read and understood the terms of this release.

Student Name (Print)	Witness Name (Print)

Student Signature & Date	Witness Signature & Date

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The section below must also be completed if the student is under the age of 18.

Parent or Guardian Name (Print)

Parent or Guardian Signature & Date

**CONSENT TO MEDICAL TREATMENT  
STATEMENT REQUIRED BY PRIVACY ACT OF 1974**

**(1) AUTHORITY: TITLE 10, U.S. CODE 2102.**

**(2) PRINCIPAL PURPOSES:** A statement authorizing medical care in civilian or government medical facilities while attending or traveling to or from JCLC.

**(3) ROUTINE USES:** Normal personnel actions: Disclosure of information may be provided to proper authorities in actions regarding medical treatment, legal actions as a result of injury or death, and investigation of accident resulting from JCLC.

**(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

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I \_\_\_\_\_, consent to be treated in an Army Hospital, or any other government or civilian medical facility, near or enroute to Jackson, MS while attending or traveling to or from Jackson Police Department /Jackson Public Schools JROTC Youth Citizens' Police Academy.

This consent encompasses all procedures and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any of the above-named medical facilities. I understand that this consent is of a general nature and accordingly list the following exceptions to this consent (if no exceptions write "No Exceptions")

\_\_\_\_\_, \_\_\_\_\_.

I (am) (am not) on medication. (List type, if on medication)

I (am) (am not) allergic to medication. (List type, if allergic)

It is understood that this consent can be withdrawn in writing or orally at any time.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Cadet

SSN \_\_\_\_\_  
(Last 4)

PARENT OR GUARDIAN: (When cadet is a minor or unable to give consent), I \_\_\_\_\_

\_\_\_\_\_, parent/guardian of \_\_\_\_\_ have read and understood the above consent to treatment and hereby expressly consent to the above-described treatment.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Parent

SSN \_\_\_\_\_  
(Last 4)

**COVENANT NOT TO SUE**  
**OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH RISK TRAINING**

**(1) AUTHORITY:** Title 10, U.S. Code 23-1.

**(2) PRINCIPAL PURPOSE(S):** To release the U.S. Government, the host institution and the state in which said institution is located from liability for injury; death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field, and high risk training.

**(3) ROUTINE USES:** Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training, practical field, and high-risk training.

**(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I \_\_\_\_\_, residing at \_\_\_\_\_,

(Type or print full name)

(Address)

(City)

do hereby agree that in consideration for being allowed to participate in Jackson Police Department /Jackson Public Schools JROTC Youth Citizens' Police Academy supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risk adhering to this type of training, I hereby RELEASE AND DISCHARGE FOREVER, the United States Army, the State of \_\_\_\_\_ and \_\_\_\_\_ and all of its officers, agents, and employees, acting officially or

(Name of School)

from any and all claims demands, actions or causes of action, on account of myself OR on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do further covenant and agree to hold the said Government of the United States, State of \_\_\_\_\_, \_\_\_\_\_ and all of its officers, agents, and employees, acting officially or otherwise, blameless for any and all damages which I may cause either intentionally or thru my negligence.

\_\_\_\_\_  
Typed/Printed Name of Parent or Guardian if  
Participant is a Minor

\_\_\_\_\_  
Signature of Parent or Guardian if  
Participant is a Minor

\_\_\_\_\_  
Relationship to Cadet

\_\_\_\_\_  
Date

**WITNESSED BY:**

\_\_\_\_\_  
Age/Period Covered

\_\_\_\_\_  
Signature of Cadet

## FIELD TRIP PERMIT

### STUDENT INFORMATION:

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Person(s) to notify in case of an emergency:: \_\_\_\_\_

Are there any medical or health problems of which the JPS JROTC JPD Youth Citizens' Police Academy need to be aware of?

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I hereby request and consent that my child or ward , \_\_\_\_\_ be permitted to participated in a field trips to: Hinds County Jail, Henley Young Youth Detention Center/ the Mississippi Civil Rights Museum/, the U.S. Federal Court Building/ Yazoo Federal Correctional Facility/ and Tinseltown Movie Theater 1-6 June 2020.

I understand that these trips are part of the educational program of the JPS JROTC and the Youth Citizens' Police Academy and that my child or ward may be accompanied and transported by Jackson Public Schools' JROTC Instructors, designated chaperones and Jackson Police Department Training Academy Staff. I agree that no JROTC Instructors, designated chaperones and Jackson Police Department Training Academy Staff will be held responsible for any injuries or damages occurring on such trip. In the event a claim is made, I agree to limit such claim to my child's or ward's ratable share of any insurance proceeds, if any, available on any policy held by the person against whom such claim is made. I understand that if these terms are not acceptable that I may personally transport and supervise my child or ward on the field trip.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Board Policy( IFEA): Proof of Insurance shall be required by the administration prior to the student's participation in any and all field trips regardless of extended time and distance. You MUST provide the following information in order for your student to participate in the activities indicated above.

1. Insurance Company \_\_\_\_\_
2. Policy Holder: \_\_\_\_\_
3. Policy ID Number: \_\_\_\_\_
4. Plan: \_\_\_\_\_
5. Effective Date: \_\_\_\_\_



# Rules of Engagement

I, \_\_\_\_\_ (Please Print), have read, understand and will  
(Cadet's Name)  
adhere to every single guideline/directive written in this document for Jackson Police Department /Jackson  
Public Schools JROTC Youth Citizens' Police Academy.

If I am not dressed properly on the day of departure from my high school, I will not be allowed to attend Jackson Police Department /Jackson Public Schools JROTC Youth Citizens' Police Academy. If I am non-compliant in any way, I will not be allowed to attend Jackson Police Department /Jackson Public Schools JROTC Youth Citizens' Police Academy. I also understand that I will be held accountable for my actions and I must set a positive example at all times. If I do not comply at any time during Jackson Police Department /Jackson Public Schools JROTC Youth Citizens' Police Academy, I will be removed from Jackson Police Department /Jackson Public Schools JROTC Youth Citizens' Police Academy and returned home by a parent or guardian.

Name of High School: \_\_\_\_\_

Cadet's Signature: \_\_\_\_\_

Cadet's Cell Phone Number: \_\_\_\_\_

Printed Name of Parent(s)/Guardian(s): \_\_\_\_\_

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

Parent/Guardian Home Phone Number: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

JROTC Instructor's Name: \_\_\_\_\_

JROTC Instructor's Signature: \_\_\_\_\_

# Rules of Engagement

## Guidelines

1. Leadership, Maturity Goals: You will represent yourself, your instructors and JROTC; therefore you must display the following basic leadership characteristics.
  - a. Communicate effectively- stay positive at all times. No bickering, back biting, causing conflict, negative talk, negative attitudes and calling names, excessive teasing.
  - b. Make sound decisions-follow the rules. If you chose to not follow the rules, you will receive on the spot corrective actions and disciplinary actions once you return back to school. Choosing not to follow the rules of this document is not a sound decision.
2. The following rules will be followed:
  - a. Attire: Wear the appropriate clothes each day as defined by your JROTC Instructors or JPD Academy Staff.
  - b. Gentlemen you will **not wear earrings at any time. You must wear a belt and your pants do not sag.**
  - c. Body piercing of any type will not be allowed.
  - d. Day 2-4: Physical Fitness will be conducted every day (wear the proper length shorts 7-9 inches in length/T-shirts/proper running shoes.
  - e. Uniform: ACU Uniform and at designated times JROTC School T- Shirt/JROTC Polo Shirt and Khaki Pants. Respect and wear the Army uniform properly at all times. **This includes proper haircuts/shaving/hair styles/ hair color etc. If there are any issues with your attire or adhering to Army policy you will be told to stay home.**
  - f. Bus/ Barracks/Bathrooms: Keep the bus, your assigned area, and bathrooms clean at all times. You are responsible for picking up after yourselves, and respecting others who will share a common area with you.
  - g. Additional behavior expectations:
    - i. Absolutely no fighting- verbal or physical
    - ii. Absolutely no profanity
    - iii. Absolutely no loud music, or immature outbursts
    - iv. No stealing
    - v. No illegal drugs or smoking of any kind (i.e. marijuana, pills or cigarettes)
    - vi. Do not possess or drink any type of alcoholic beverages
    - vii. If you get into a situation and you are not sure what to say or do, seek advice from the JROTC Instructors/JPS Chaperones/JPD Staff.
    - viii. All JROTC Instructors/JPS Chaperones/JPD Staff have been given authoritative power so comply cheerfully with their request. Remember it is our job to look out for your welfare and keep you safe.
3. When we arrive at the events the following additional rules apply:

- a. Be attentive- do not under any circumstances talk when a presenter is speaking. This is not business as usual and you will not talk and interact with each other while information is being given out.
  - b. Be respectful and courteous to everyone.
  - c. Take hand written notes as appropriate.
  - d. Be engaged – sit up, listen and under no circumstances will you slouch in your seat; close your eyes or sleep!
  - e. Ask questions correctly- raise your hand to be recognized, stand up, state your name and the school ask your question and wait for a response, after receiving response, say thank you and sit down.
4. **Valuables/Money: You are responsible for your valuables (i.e. cell phone/ IPODs/money etc.). Take the necessary precautions to protect your money and high dollar items at all times.**
5. It is our desire that you have fun and learn positive things from the entire experience. Care about and consider the feeling of others before you speak or act and I believe that's basically the key to a successful trip! Make sure you **review your packing list** and the expectations/objectives, which have been set by the JPD Academy Staff and JPS JROTC.
6. **All items on the packing list must be brought in and inventoried by your JROTC instructor prior to departing for camp.**

# Roster

## Jackson Police Department /Jackson Public Schools

### JROTC Youth Citizens' Police Academy 2020

#### Jackson, MS

	<u>NAME (last, first, MI)</u>	<u>SHIRT SIZE</u>	<u>(SCHOOL)</u>	<u>GRADE</u>	<u>LET</u>	<u>SEX</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

**I HAVE REVIEWED ALL REQUIRED DOCUMENTATION FOR EACH PACKET FOR THE ABOVE LISTED CADETS AND CERTIFY THAT THEY ARE COMPLETE, ACCURATE, AND ELIGIBLE TO PARTICIPATE IN THIS ACTIVITY IAW CCR 145-2, DEPARTMENT OF EDUCATION AND SCHOOL DISTRICT POLICY AND APPLICABLE WAIVERS.**

\_\_\_\_\_  
 (Senior Army Instructor, Signature)

# **Items Required and Prohibited for attendance at Jackson Police Department /Jackson Public Schools JROTC Youth Citizens' Police Academy.**

## **REQUIRED ITEMS**

- \* Lockable duffle bag
- \* 1 pair combat boots
- \* At least 2 sets of ACUs
- \* 1 ACU cap
- \* 3 pairs boot socks
- \* 3 tan T-shirts
- 2 blankets/ 1 Pillow
- 5 pair athletic socks
- Undergarments of sufficient quantity.
- 2 bath towels
- Shower shoes (flip-flops)
- 1 wash cloth
- Toilet articles (soap, toothpaste, tooth brush, shaving gear, etc.)
- Prescription medication (**SEE NOTE BELOW**)
- PT clothing (3 sets / appropriate shorts and t-shirts)
- Running shoes
- JROTC T-Shirt**
- Khaki or long pants (NO HOLES)**
- Spending money for snacks and movies on Friday**

## **PROHIBITED ITEMS**

- Radios, tape/CD players/MP3 players/Ipods
- Binoculars
- Jewelry
- Musical instruments
- Expensive cameras (Small, inexpensive camera is acceptable)
- Tobacco or tobacco products
- Any type of Weapons
- Earrings
- Cell phones/pagers (There will be limited cellphone use)

## **SPECIAL NOTES**

**Items marked with \* will be issued to attendee by the JROTC program.**

**JACKSON PUBLIC SCHOOLS**  
**JACKSON, MISSISSIPPI**

**FIELD TRIP REQUEST**

School JPS JROTC Date 1- June

Teacher JPS JROTC Instructors Grade 9-12

Destinations: Hinds County Jail and Detention Center/Jackson Planetarium/U.S. Federal Building/Smith Robertson Museum/ Jackson Fire and Safety Museum

Address of STEM Camp: Jackson Police Training Academy 3000 Saint Charles Street, Jackson, MS 39209

Instructional Objective: JPS JROTC and JPD Youth Citizens' Police Academy is a STEM Camp designed to Expose JROTC High School Males to the to the law enforcement field, instill self-esteem, make them aware of pitfalls in life and provide them with safety awareness training.

Date of Departure 1-6 June Time of Departure 7am

Date of Return 1-6 June Time of Return 5pm

Number to be transported 40 Number of buses needed 2

Transportation Cost of Trip \_\_\_\_\_ Admission Cost \_\_\_\_\_ Total Cost Per Child \_\_\_\_\_

Names of Chaperones: Designated JPS JROTC Instructors

MAJ Robert O. Morton/MSG Carlos Parker/SFC Reginald Chambers along with two JPS Chaperones

Funding Source US Army Budget \_\_\_\_\_  
(Student, District, Safe and Drug Free, Title I, Eisenhower, Curriculum, Other \_\_\_\_\_)

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Principal/JROTC DAI

\_\_\_\_\_  
Chief Academic Officer

\_\_\_\_\_  
Director of Transportation