

YUMA POLICE DEPARTMENT TEEN ACADEMY

1500 South 1st Ave
Yuma, AZ 85364
(928) 783-4421

DATE OF ACADEMIES (select one) Time: 7am-3pm (times subject to change)

- 1st Academy June 22nd - June 25th (Incoming 7th, 8th, 9th grade students)**
- 2nd Academy July 7th- 10th (Incoming 10th, 11th, 12th grade students)**

APPLICATION DEADLINE:

5/22/2026 no later than 5:00 PM

Submit all applications to:

**Yuma Police Department: Public Affairs Unit
1500 South 1st Avenue**

WHO CAN APPLY:

At the time the application is submitted, the applicant must be incoming 7th grade thru incoming 12th grade. He/she must be enrolled in school and must have passing grades. Must submit last quarter school grades.

REQUIRED DOCUMENTS:

Photo ID of applicant, photo ID for parent/guardian, last quarter school grades and essay must be submitted with the application. Incomplete applications will not be accepted. **NO EXCEPTIONS.**

NOTE: This program is intended for students with an interest in law enforcement or criminal justice–related careers. Participation is limited to applicants who demonstrate good moral character and who have no history of significant or violent criminal activity, gang involvement, or related affiliations. All applicants are subject to a mandatory background check prior to final acceptance into the academy to determine eligibility, suitability, and maturity. Participants are required to adhere to all program rules, expectations, and standards of conduct. Any student who fails to maintain appropriate behavior or who becomes disruptive at any point during the program may be subject to immediate dismissal. Minor criminal or status offense violations, including but not limited to shoplifting or vaping-related offenses, may result in automatic disqualification from the Teen Academy. Applicants who meet all eligibility requirements and are selected for participation will be notified of their acceptance via telephone or email, if provided

APPLICATION:

All blanks must be filled in. Incomplete applications will not be considered.

APPLICANT:

(Last Name) (First Name) (MI)

(Age) (Date of Birth) (Sex: Male/Female)

(Social Security Number) (School Name) (Grade Point Average)

(Complete Address) (Phone Number)

PARENT INFORMATION: (Please Print)

(1st Parent/Guardian Full Name) (Email Address)

(Home Address, if different from above) (Phone Number)

(Place of Work) (Business Phone Number)

(2nd Parent/Guardian Full Name) (Email Address)

(Home Address, if different from above) (Phone Number)

(Place of work) (Business Phone Number)

EMERGENCY CONTACTS:

Name: Phone Number:

Name: Phone Number:

MEDICAL INFORMATION:

MEDICATION NOTIFICATION TO ACADEMY STAFF:

I, APPLICANT/ PARENT OR GUARDIAN OF APPLICANT, _____, DO
HEREBY AGREE TO NOTIFY YPD STAFF IN WRITING OF ANY DISPENSED MEDICATIONS
AND/OR FIRST AID SUPPLIES THAT THE APPLICANT WOULD USE WHILE AT THE TEEN
ACADEMY, SUCH AS, BUT NOT LIMITED TO; ASPIRIN, PAIN MEDICATION, ALLERGY
MEDICATION, AND WRAPPINGS, ETC .

(List any allergies and/or medical conditions)

REASON FOR MEDICATION(s) (If not taking any medications write N/A):

(Signature of Parent/Guardian or Applicant, if 18 years old)

PRIOR INJURY/EXISTING INJURY DISCLAIMER:

Injury: _____ Date: _____
Injury: _____ Date: _____
Injury: _____ Date: _____

I do hereby certify that the above named applicant has not had any prior injury or a current existing injury, which will hinder his/her performance while attending the academy. I understand that by not disclosing any such prior injury or existing injury that the applicant may be sent home in the event such occurs or is revealed while attending the academy.

(Signature of Parent/Guardian or Applicant, if 18 years old)

POLICE TEEN ACADEMY: MEDIA/PHOTO RELEASE

I, (parent/guardian) _____ give permission for my child,

(Participant Last Name)

(Participant First Name)

(M)

(Age)

(Sex: Male/Female)

(Date of Birth)

To be photographed and/or videotaped during the Police Teen Academy. I understand that these photos/images of my child may be used on Police Department social media, City website, television media and/or print (newspaper) media. I also understand that photos may be used to promote future Teen Academy classes. I hereby release the Yuma Police Department of any liability related to such photo/media images.

(Parent/Guardian Signature/ Date)

I, (participant 18 y/o printed name) _____ am over the age of 18 and agree to be photographed.

(Participant's signature/ Date)

YUMA POLICE TEEN ACADEMY: HOLD HARMLESS

Please read and sign the following before submitting the application.

I/we, the undersigned participant, parent or legal guardian, hereby covenant to indemnify, defend and save harmless the City of YUMA in the state of Arizona, it's Mayor and Council, appointed board and commissions, officials, officers and employees, individually and collectively; from all losses, claims, suits, actions, payments, judgments, demands, expenses, attorney's fees; defense cost, or actions of any kind resulting from personal injury to any person, (including bodily injury and death) arisen out of negligent performance of the individual hereunder, except any injury or damages arising out of the sole negligence of the City, its officers, agents or employees from any City program. I/we, the undersigned participant, parent or legal guardian, hereby authorizes the City of Yuma staff to obtain any needed medical assistance in case of an emergency, illness or accident. I understand that any resulting expenses or charges are my responsibility, and I will pay them immediately, either directly or through personal insurance.

I/we, the undersigned participant, parent or legal guardian, understand that the City of YUMA does not carry accident insurance for this program, and I will not hold the City of YUMA responsible for accidents or injuries sustained in any City program from here on out. Pursuant to state law, the City of YUMA is not liable for injury or damages to program participants unless caused by willful, malicious or grossly negligent conduct.

I/we authorized seeking medical treatment for _____ in the event they are injured during a Teen Police Academy event. I understand that the provider will not deny treatment if I do not wish to sign this form. I may refuse to sign this authorization form. I also understand that I may revoke this authorization at any time, unless the provider has already relied on my authorization to disclose health information to the law enforcement agency identified above.

I understand that information disclosed to the law enforcement agency may no longer be protected by the federal privacy regulations and may be re-disclosed by that agency. I understand the matters discussed on this form. I release the provider, its employees, officers, directors, medical staff members, and agents from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

Signature of Applicant/ Date

(If applicant is under the age of 18 years old, the parents, or legal guardian must read and sign the following.)

We, the parent/guardian of _____, have read the application for the Yuma Police Department and do also agree with the above-mentioned statements. I also agree to allow my son/daughter to participate in the teen police academy activities if he/she is accepted.

Parent Signature/Date

YUMA POLICE TEEN ACADEMY: HANDLING AND SAFETY OF FIREARMS

Please read and sign the following before submitting the application.

I, the undersigned participant, hereby acknowledge and understand firearm safety and handling of a firearm will be instructed by a certified Yuma Police Department Firearms Instructor. I understand the participant will NOT be handling live ammunition; however, the participant will be handling simunition rounds (cartridges with paint balls). I understand the participant will not fire or use simulated rounds at live targets; however, the use of static displays and/or paper targets will be incorporated during the course of the instruction. I understand if the participant violates any of the firearm safety rules the participant will immediately be released from the program at the discretion of the Firearms Instructor.

(Signature of Applicant/ Date)

If applicant is under the age of 18 years old, the parents, or legal guardian must read and sign the following.

We, the guardian of _____, have read the Yuma Police Teen Academy: Handling and Safety of Firearms, and do agree with the above-mentioned statements. I also agree to allow my son/daughter to participate in the YPD Teen Academy activates if he/she is accepted.

(Parent of Guardian Signature/ Date)

BACKGROUND

Please answer all of the following questions. "Yes" answers alone may not cause your application to be rejected, however, any false statements or omissions will result in disqualification from the program.

- 1) Have you ever been arrested?
Yes No
- 2) Have you ever received a ticket?
Yes No
- 3) Have you ever had the police called on you, or had negative police contact?

Yes No
- 4) Have you ever been under the influence of alcohol?
Yes No
- 5) Have you ever used or possessed any illegal drugs, including marijuana?
Yes No
- 6) Have you ever stolen anything?
Yes No
- 7) Have you ever been involved in a physical fight with someone else?
Yes No
- 8) Have you ever been suspended from school?
Yes No
- 9) Have you ever been a member of a gang, or associated with known gang members?
Yes No
- 10) Have you ever committed an act of vandalism?
Yes No
- 11) Have you ever been the victim of a crime?
Yes No
- 12) Have you been hospitalized in the past 5 years?
Yes No

If you answered yes to any of the questions above, please explain in detail below. Include approximate dates, number of times you engaged in each activity, etc. Attach a separate sheet of paper if needed.

