

Youth Police Academy for Teens

Presented by the

Multnomah County Sheriff's Office

The 6th Annual, FREE Youth Police Academy packs six Saturday mornings, and two Tuesday evenings full of fun, action, and information aimed directly at teenagers, ages 14-17. Participants will learn about the many facets of the Sheriff's Office, as well as build friendships with Deputies and classmates. Participants who successfully complete the program will receive a graduation certificate.

Classes will begin April 3rd 2018. Space is limited. Please submit the attached application and waiver AND have a school staff member submit the School Recommendation Form by **Monday March 19th at 5PM.**

Academy Topics Typically Include:

River Patrol Ride-Along
Patrol Tactics & Scenarios
Crime Scene Investigation
Laws & Report Writing

1st Aid
Defensive Tactics
Use of Force
Fitness Test and more!



Academy Information and Training Dates:

This FREE Academy is limited to youth between the ages of 14-17 that reside or attend school in east Multnomah County. First class date is: Tuesday 4/3/18, 7-9PM (parents are encouraged to attend this first session). All Saturday classes are 8AM-12PM. Saturday classes are: 4/7, 4/14, 4/21, 4/28, 5/5 and 5/12. Final graduation is Tuesday 5/15/17, 7-8:30PM. First and last classes are at Wood Village City Hall. Saturday training locations are: 2955 NE 172nd Place. The River Patrol ride along will originate at the Columbia River Patrol Office at 4235 NE Marine Drive. Students must be prepared for inclement weather. Further details will be given to confirmed attendees.

DEADLINE TO REGISTER:

Monday March 19th at 5PM.

Contact Deputy Rafael Cortada at rafael.cortada@mcsso.us or 503-793-7314 for more information

APPLICATION FOR ENROLLMENT
2018 Police Youth Academy for Teens

Submit to: **Multnomah County Sheriff's Office, C/O Deputy Rafael Cortada,**
234 SW Kendall Ct. Troutdale, OR 97060 - Phone: 503-793-7314 Email: Rafael.cortada@mcso.us
Applications must be received by 5:00pm, Monday March 19th 2018

Full Name: _____

Home Street Address: _____ City: _____ Zip: _____

Date of Birth: Month _____ Day _____ Year _____ Home/Cell Phone #: _____

Driver's License Number (if applicable): _____ State: _____

Email Address: _____ @ _____ T-Shirt Size: _____

Name of School: _____ School's Phone #: _____

Emergency Contact (Parent/Guardian): _____ Their Phone#: _____

Why would you like to participate in the Youth Police Academy? _____

**ANSWERS TO THE FOLLOWING QUESTIONS ARE STRICTLY CONFIDENTIAL
AND NECESSARY TO PARTICIPATE**

1. Have you ever been arrested for any reason? YES _____ NO _____
If yes, please explain: _____

2. Have you ever been convicted of a crime? YES _____ NO _____
If yes, please explain: _____

RELEASE AND WAIVER: As an applicant for the Multnomah County Sheriff's Office Citizen Police Academy, I authorize the Multnomah County Sheriff's Office to conduct an inquiry into my criminal history to determine my suitability to attend the Citizen's Academy. I hereby release the Multnomah County Sheriff's Office, the County of Multnomah, their agents, employees, and assigns from any liability or damage which may result from obtaining personal information about me through my voluntary participation in this program. I understand my participation in all portions of the Youth Academy program is voluntary. I agree to follow academy rules and I assume any and all risk of personal injury or death by participating in this program. Some training may involve the use of airsoft pellets which may impact skin. I understand that some portions of the Academy require physical exertion such as a fitness test and defensive tactics. I understand that photos and/or videos of me may be taken. I allow the Sheriff's Office to publically display these photos and/or videos, including sharing them with media.

I certify that all statements in this form and any attachments are true, correct and complete to the best of my knowledge. I understand any false information in this form and attachment may, if I am accepted, be considered grounds for immediate dismissal from the Academy program. I understand all statements are subject to verification.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



MULTNOMAH COUNTY SHERIFF'S OFFICE
234 SW KENDALL CT. TROUTDALE, OR 97060

Exemplary service for a safe, livable community

Michael Reese
SHERIFF

503 988-4300 PHONE
503 988-4500 TTY
www.sheriff-mcso.org

Youth Academy for Teens

School Staff Recommendation

As a school staff member, a teen has selected you to provide a recommendation for their attendance in a Youth Police Academy. Your recommendation is respected and may influence whether the teen is accepted into the program. *Your recommendation is strictly confidential and will not be shared with the teen or his/her family.*

The Multnomah County Youth Police Academy is a 28-hour program designed to provide a working knowledge and background of the Multnomah County Sheriff's Office. This fosters a closer relationship between the Agency and the youth of East Multnomah County. It provides an avenue for community involvement and firsthand experience in community policing.

Applicants must meet the following criteria:

- The youth must live and/or attend school in East Multnomah County
- No prior felony arrests
- Be between the ages of 14 to 17 years

Some of the training topics may include: Patrol Tactics and scenarios, Defensive Tactics, Handcuffing, "Verbal Judo" scenarios, SWAT Team Demonstration, East County Gang Task Force, Use of Force, Crime Scene Investigation, River Patrol Operations, Laws and Report Writing.

PLEASE FILL OUT THE FOLLOWING AND RETURN TO:
MULTNOMAH COUNTY SHERIFF'S OFFICE, C/O Deputy Rafael Cortada
234 SW Kendall Ct. Troutdale, OR 97060
DEADLINE: MONDAY, MARCH 19th at 5PM

Name of Youth Receiving Recommendation: _____

Your Name: _____ School Name: _____

Your Job Title: _____ Email: _____

School and/or Cell Phone Number: _____

DO YOU RECOMMEND THIS PERSON TO ATTEND THE ACADEMY? YES / NO (Please Circle One)

Please Explain (use back side if necessary):

Questions? Contact Deputy Rafael Cortada: rafael.cortada@mcso.us 503-793-7314