

Bonneville County Law Enforcement Teen Leadership Academy



Application

Application Packet Includes: (5 pages total)

The Application (2 pages)

Liability Waiver and Indemnification Agreement (page)

(Waiver must be notarized and signed in the presence of a Notary Public.

*This may be done free of charge
at the Bonneville County Sheriff's office)*

Background Form (1 page) General Rules

(1 page)

Please return the 5 page Completed Application Packet to:

Sgt. Daniel Sperry

dsperry@bonnevillecountysheriff.gov

or

Dep. Andy Mortimer

Amortimer@bonnevillecountysheriff.gov

Bonneville County Sheriff's Office 605 N. Capital

Idaho Falls ID 83402

Phone: (208) 529-1375

Teen Academy Application

***Due to the popularity of the Teen Academy we ask
each teen only participates in one Teen Academy.
Open to students 15-18 years old (9th-12th grade)***

This section must be completed by the student

Name (last, first, middle): _____

Home Address: _____ City/State/Zip: _____

Cell phone Number: _____ Home Phone Number: _____

Referred By: _____

School You Attend: _____ Grade: _____

Gender (circle one): Male Female Age: _____

Email address: _____

Shirt Size (circle one): S M L XL XXL XXXL

Preferred week to attend: **(2026 dates are tentative and subject to change)**

- **Tentative** Week 1: June 1-4 _____

- **Tentative** Week 2: June 15-18 _____

**Bonneville County Sheriffs Law Enforcement Teen
Academy Participation Liability Waiver and Indemnification Agreement**

*******This form must be signed in the presence of a notary*******

I, _____ (name of parent or guardian), DO HEREBY AUTHORIZE government entities, military entities, law enforcement agencies, City, County, and Federal entities, private persons, and employers, to furnish and release any and all available information relating to the below listed minor, for the purpose of determining his/her suitability to be appointed as a member of the TEEN ACADEMY.

I DO HEREBY RELEASE from liability, all persons or entities disclosing information pursuant to this release. In consideration of the benefits to my (son/daughter/ward) for his/her participation in the TEEN ACADEMY, do hereby authorize, I give my permission for the below listed minor applicant to attend the TEEN ACADEMY. It is hereby agreed that I am a party to this Participation Liability Waiver and Indemnification Agreement and that said Agreement is binding upon me, said child, and any and all of our legal heirs and successors of whatever kind. I do hereby for myself, my child, my heirs, executors and administrators remise, release, and forever discharge the Bonneville County Sheriff's Office, Bonneville County, and any of their deputies, agents, employees, or volunteers from any and all claims, liabilities, or demands arising out of the participation of the below listed child in the TEEN ACADEMY, including transportation to and from the TEEN ACADEMY.

I further agree to fully indemnify, defend, and hold harmless the Bonneville County Sheriff's Office, Bonneville County, and any and all of their deputies, agents, employees, or volunteers from and against any and all loss, damage, injuries, claims, cause or causes of action, or any liability resulting from, arising out of, or in connection with my child's negligence at any time during the TEEN ACADEMY.

In case of sudden illness or other serious medical emergency, if I (the undersigned parent or guardian) cannot be reached, I authorize a member of the Bonneville County Sheriff's Office, to take appropriate action in seeking medical attention.

I hereby grant the Bonneville County Sheriff's Office permission to record my/my child's likeness and/or voice for the use by television, film, radio, or printed media to further the aims of the Bonneville County Sheriff's Office in related publications, campaigns, and in other ways they see fit.

Minor/Teen Academy Applicant (last, first, middle): _____

Parent/Guardian of Applicant (last, first, middle): _____

Parent Signature _____ Date _____

Parent/Guardian Email Address: _____

Address: _____

Home Phone: _____ Pager: _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Other Emergency Phone Number(s): _____

(Signature of Notary Public)

Date

My Commission Expires: _____

Teen Academy Background Information

Teen Name (Last, First, Middle): _____

Address: _____ **City/State/Zip Code:** _____

Date of Birth (mm/dd/yyyy): _____

Driver's License Number: _____ *State:* _____ *Expiration:* _____

Social Security Number: _____

Have you ever been arrested or convicted of a crime / adjudicated?

(Circle one) **Yes** **No** If yes, please list offense(s), date, and disposition.

I certify that all information given on this form is correct. I authorize the Bonneville County Sheriff's Office to utilize this information to conduct a background investigation in order to determine my suitability for entrance into the Teen Academy.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please list any medical conditions or medications taken:

Parent/Guardian of Applicant (last, first, middle): __

Parent Signature _____ **Date** _____

Address _____ **Phone** _____

Bonneville County Sheriff's Office Law Enforcement Teen Academy

General Rules

- The purpose of these rules is to establish a code of conduct and general requirements to ensure an informative and enjoyable experience for all participants
- Due to the program's length, an absence from any class is not allowed for graduation. Punctuality is important. Please arrive early for class, and be seated and ready to learn at class time.
- Please remember that the Academy is intended for the benefit of all who attend. Participants should arrive prepared to contribute to the discussion and other activities. Students shall conduct themselves in a professional manner at all times and be sensitive to the needs and concerns of others.
- Students are not allowed to leave the Academy during breaks, etc.
- Each participant shall be appropriately dressed in the class t-shirt, and no open toe shoes. Shorts must reach mid-thigh. No hats are allowed in the classroom or during facility tours.
- **CELL PHONES.** Please leave your **cell phone** at home or in your car.
- In the event a participant's conduct is disruptive to the class; the individual may be terminated from the program. Respect for others is mandatory.
- Attendees will be responsible for bringing their own snacks, drinks, and lunch.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Bonneville County Sheriff's Office
Law Enforcement
Teen Academy

Consent for Participation in Physical Activities

Some items on the schedule may include physical activities. All participants must have permission to participate in these activities.

FULL PARTICIPATION I understand that physical activities will be part of the Teen Academy. My son/daughter, _____ has permission and does not have any medical condition or needs that exempt him/her from participating fully in all such activities.

By my signing on this document, I agree to the terms written above.

Parent/Guardian

Date

NO PARTICIPATION I understand that physical activities will be part of the Teen Academy. My son/daughter, _____ does not have permission to participate in such activities. Please have my child sit out and observe during any and all physical activities.

By my signing on this document, I agree to the terms written above.

Parent/Guardian

Date