



Join us and explore the police profession at The Harrisonburg Police Department's P.A.T.C.H. Camp 2024! Pride, Accountability, Teamwork, Courage, Honor

P.A.T.C.H. Camp is a free day camp hosted by the Harrisonburg Police Department. Our goal is to provide young adults exposure to their local police department and the role it plays in the community. We aim to foster and enhance Pride, Accountability, Teamwork, Courage, and Honor to youth interested in law enforcement by participating in our summer camp. We will be educating the participants on the various duties in which officers specialize in a relaxed environment, with an active and hands-on approach. The program is supervised by officers within the Harrisonburg Police Department and other volunteers. P.A.T.C.H. Camp will begin with an orientation event on Friday June 21st from 3:00 p.m. to 4:00 p.m. The remainder of the camp will be **Monday June 24th to Friday June 28th from 8:00 a.m. to 3:30 p.m**. Lunch will be provided for each PATCH camper but transportation to and from the police department is the responsibility of the family. If you are interested, please review the requirements below, complete the application and mail or return to the Harrisonburg Police Department lobby **no later than May 31st**.

Harrisonburg Police Department Attn: Community Resource Unit - PATCH 101 N. Main St. Harrisonburg, VA 22802

Contact for questions:

<u>Sergeant John Hancock</u> – Community Resource Unit john.hancock@harrisonburgva.gov (540) 437-2645

<u>Officer Rebecca Bechtel</u> – Community Resource Unit rebecca.bechtel@harrisonburgva.gov (540) 437-2630

HPD P.A.T.C.H. Requirements:

City of Harrisonburg residents will be given priority. Applicants from other jurisdictions will be considered.

Applicants must be 11 to 15 years old.

Applicants must be enrolled in a public or private school and maintain a "C" grade point average. Applicants need to provide their latest report card to verify.

Applicants must be of good ethical and moral character in school and in the community.





The Community Resource Unit will review all applications for acceptability in this selective screening process.

To be completed by the Parent/Guardian, please print clearly.

Part I: Parent/Guardian Information

Name: **Relationship:** Address: Phone Number: Email: Emergency Contact for applicant (please provide name, relationship, and phone number)

2.

1.

To be completed by the applicant, not the parents or guardians, please print clearly.

Part II: Personal Information and References

Name: Preferred Name (Nickname): Birth Date: Address: Phone Number (If applicable): Email (If applicable): School Name: Clothing Sizes (circle one t-shirt size and one shorts size) T Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large





Shorts Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Character References (should include 1 teacher or school counselor):

Name	Relation	Phone/Email
1.		
2.		
3.		
5.		

Part III: Health Concerns

Please list any of the following concerns:

Medical:

Dietary:

Part IV: Short Essay

On a separate piece of paper, describe in 200 words or less, why you want to be involved in the Harrisonburg Police Department's P.A.T.C.H. Camp.





101 NORTH MAIN STREET, HARRISONBURG, VA 22802 OFFICE: (540) 437-2600 FAX: (540) 437-2691 WWW.HARRISONBURGVA.GOV/POLICE

Part V: Signatures

I certify that the information above is true and correct. I give the Harrisonburg Police Department permission to verify all the information and to contact my school and character references for further information.

Applicant Name (Printed)	Applicant Signature	Date
Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date





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Agreement Assuming Risk of Injury or Damage Waiver and Release of Claim For the Harrisonburg Police Department

I, the undersigned, have voluntarily asked for permission to participate in the Harrisonburg Police Department's P.A.T.C.H. Camp.

I acknowledge that the activities of said P.A.T.C.H. Camp involve physical activities and therefore may include the possibility risk of personal injury or death, and damage or destruction to property, and while participating in activities it may require me to act or refrain from acting in ways that could cause injury to me or loss of property.

Therefore, as consideration for the opportunity to participate, I agree as follows:

- 1. I freely and expressly ASSUME AND ACCEPT THE RISK of and RESPONSIBILITY for any and all injury (which includes death) to me, and loss, damage, or destruction to any of my property, that I may suffer during the camp. This assumption of risk applies regardless of the cause for the injury, loss, damage or destruction, or the person or persons responsible for the cause, and specifically includes injury, loss, damage, or destruction caused by Harrisonburg Police Department, their officers, employees, and agents, even if it occurs through the negligence, willfulness, or wantonness on the part of such persons or entities.
- 2. I RELEASE, AND FOREVER DISCHARGE the City of Harrisonburg and the Harrisonburg Police Department, their officers, officials, employees, and agents from any and all liability, claims, suits, costs, and attorney fees for any and all injury (which includes death), and loss, damage, or destruction to any of my property, that I may suffer during the camp, or any events related thereto. This release and discharge apply regardless of the cause for the injury, loss, damage or destruction, or the person or persons responsible for the cause, and specifically includes injury, loss, damage or destruction caused by the Harrisonburg Police Department, their officers, officials, employees, and agents or the property or equipment of such persons or entities, and regardless of whether it occurs through the negligence, willfulness, or wantonness on the part of such persons or entities
- 3. I agree that if a lawsuit or claim for damages is brought against the City of Harrisonburg or the Harrisonburg Police Department, their officers, officials, employees, and agents, on account of injuries to me or damage to my property, I will INDEMNIFY, DEFEND AND HOLD THEM HARMLESS from all such damages and costs of suit, including attorney fees.
- 4. <u>I have read this agreement and understand all of its terms and conditions. By signing below,</u> <u>I am agreeing to be bound by all of those terms and conditions.</u>

Dated this day of	, 20
Participant's Printed Name:	Signature:
Address:	Telephone Number:
Parent/Guardian Name:	Signature:





POLICE CHIEF KELLEY WARNER

Public

Office

Information

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City of Harrisonburg, Virginia



Date

I hereby authorize the City of Harrisonburg to interview me and/or use my likeness and name in materials to be used in public service announcements, public education initiatives and in the service of the public good. This authorization extends to all publications whether now known or hereafter existing, controlled by the City of Harrisonburg. I will make no monetary or other claim against the City of Harrisonburg for the use of my interview, likeness and/or name in perpetuity.

Name	
Signature	
Relation to Subject (if subject is a minor)	
Address	
City, State,	Zip Code
Telephone Number	Email Address