**Join us and explore the police profession at   
The Harrisonburg Police Department’s P.A.T.C.H. Camp 2025!  
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 20thfrom 3:00 p.m. to 4:00 p.m. The remainder of the camp will be **Monday** **June 23rd to Friday June 27th 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, email, or return to the Harrisonburg Police Department lobby **no later than June 6th**.

Harrisonburg Police Department   
Attn: Community Resource Unit - PATCH  
101 N. Main St. Harrisonburg, VA 22802 **Contact for questions:**Sergeant Kevin Fowler Officer Rebecca Bechtel

[kevin.fowler@harrisonburgva.gov](mailto:kevin.fowler@harrisonburgva.gov) [rebecca.bechtel@harrisonburgva.gov](mailto:rebecca.bechtel@harrisonburgva.gov)

(540) 433 6800 Ext. 3468 (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 12 to 16 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)

1.

2.

**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: Age:  
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

**Part III : Character Reference**

Please attach two (2) letters of reference from a community member not related to the applicant. Include their name, relationship to the applicant, and contact phone or email below:

Name Relation Phone/Email  
1.

2.

**Part IV: Health Information**

Please list any of the following concerns:

Medical:

Dietary: (please list all allergies and/or restrictions)

Behavioral:

Any additional relevant information:

**Part V: Short Essay**

On a **separate piece of paper**, describe in 300 words or less why you want to be involved in the Harrisonburg Police Department’s P.A.T.C.H. Camp, what you are interested in learning, and what qualities you bring to a team.

**Part VI: 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 reference for further information. By signing I understand that the Harrisonburg Police Department retains the authority to immediately, with cause, remove a participant from the P.A.T.C.H. Camp program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name (Printed) Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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. **I have read this agreement and understand all of its terms and conditions. By signing below, I am agreeing to be bound by all of those terms and conditions.**

Dated this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Participant’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City of Harrisonburg

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

Photo Release

I hereby authorize the City of Harrisonburg to interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participants name) and/or use their 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 of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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