



2026

Henrico County Police Youth Police Academy Application Package

Goal and Mission Statement

The primary objective of the Youth Police Academy is to educate and inform youth participants about the many aspects of police work. The academy is designed to give the participants exposure to various police situations, and to explain how and why officers respond to and handle different situations. This will be accomplished through both classroom instruction and practical exercises that will allow them to assume the role of an officer and be evaluated on how they handle different situations. In addition, they will be exposed to the adult and juvenile criminal courts.

The academy will give the participants the opportunity to see the benefits of public service and learn about challenges and demands associated with Law Enforcement as a profession. Participants will learn about special units and what their responsibilities are, and how they work together with the patrol officers.

The ultimate goal of the Youth Leadership Academy is to improve the relationships between law enforcement and youth, while exposing them to a possible future career in law enforcement. Due to a limited number of spots please return this application as soon as it is completed to Officer Durette either in person (if you attend Tucker High), to your school resource officer assigned to your school or email to dur025@henrico.gov. Please note that attendance each day, ALL day is MANDATORY for each participant. Lunch will be provided each day as well so please no outside food or drinks so that we may avoid any allergens.

Our academy will be held starting on Monday, July 20th, 2026. It will conclude with a graduation ceremony and lunch on Friday, July 24th, 2026. Each day will begin promptly at 8:30 AM and conclude at 4PM.

ACADEMY TOPICS

Overview of Patrol Operations and procedures, Traffic Stops, Traffic Crash Investigations, Forensics and Crime Scene Investigations, Police Simulator, DUI Investigations including practical exercises, Building Searches, Officer Survival, Emergency Vehicle Operations Training (EVOT), Defensive Tactics, and much more. In addition, there will be an overview of Non-Lethal Weapons with demonstration of the TASER, and Special Operations with demonstrations from ERT, and the K9 unit. There will also be a tour of the Henrico Jail facility and an observational visit to the Henrico County Courts. The week will conclude with each participant running the Division obstacle course.



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Participant Application

Application Deadline is April 24th, 2026, at 4:00pm

Return Completed applications to: Henrico Police, School Services
Attention: Officer A.M. Durette
Via our website or email to dur025@henrico.gov

APPLICANTS MUST BE BETWEEN 14 AND 17 YEARS OLD, RESIDE IN HENRICO COUNTY, AND PASS A CRIMINAL BACKGROUND CHECK

Applicant: _____

Last Name First Name M.I. DOB

Address: _____

Driver's License# _____ if applicable

Daytime Phone: _____ Evening Phone _____

Cell Phone _____ Email: _____

School attending with current grade _____

Emergency Contact Information

Name: _____ Phone **(REQUIRED)** _____

Name: _____ Phone **(REQUIRED)** _____

References: 1. Name/Title: _____

Address: _____ Phone: _____

2. Name/Title: _____

Address: _____ Phone _____



Special Accommodations and Medications: If the participant requires one of the following, check the appropriate box(es).

Special accommodations due to a disability Medication required during program (under age 18).

Does the participant have any Food Allergies? Yes No

If yes please list _____

Photographs: Staff may take photos/video for publicity or departmental purposes.

If you **do not** want pictures of you or your child taken initial here _____

SHIRT SIZE _____



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Assumption of Liability:

I understand that this program may involve strenuous physical activity and that risk of physical injury is inherent in this academy activity. In consideration for participating in this program and academy activity, I agree to assume the full risk of any injuries, including death, damage, or loss. I further understand that Henrico County, its officers, agents, and employees are not liable for any injuries that may result from the negligence of persons conducting this academy program. I understand that this agreement constitutes an assumption of risk and release for any injury, including death, damages, or loss. The terms hereof shall serve as a release and assumptions of risk for my heirs, executors, and administrators. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their academy activities. I have read this agreement and agree to the conditions stated above. If the participant is under 18 years of age, parent or legal guardian must sign this release.

Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required

Date

Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required

Date



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EMERGENCY MEDICAL TREATMENT FORM

TO: EMERGENCY ROOM MEDICAL STAFF

My child, _____, has my permission to participate in the Henrico County Police Youth Police Academy. In the event of an illness or injury to my child, while participating in this program, I consent to X-ray examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

EMERGENCY CONTACT INFORMATION

Name: _____ Phone **(REQUIRED)** _____

Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required Date

Name: _____ Phone **(REQUIRED)** _____

Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required Date

FAMILY PHYSICIAN INFORMATION

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

MEDICAL INSURANCE INFORMATION

Insurance Company Name: _____

Policy Number: _____ Exp. Date: _____

