



125 N. Lake Silver Dr., NW • Winter Haven, FL 33881 • Phone: 863-291-5858 • www.winterhavenpd.com

WHPD Youth Leadership Council Application

(Applicants must be between the ages of 14 and 21 years old)

NAME _____ Preferred Name _____

LAST FIRST MIDDLE

Physical Address: _____

Mailing Address: _____

Home phone: _____

Cell phone: _____

Email Address: _____

Facebook Profile Name: _____

School Attending: _____

Principal Name: _____

School Phone: _____

Date of Birth: _____ / _____ / _____

MM DD YY

Place of Birth: _____

CITY COUNTY ST

Driver License # _____

Exp. Date: _____

U.S. Citizen? Yes No

Have you ever been convicted of a crime? Yes No

If "Yes", list charge, date, place and disposition: _____

Education Level: (IE: HS Diploma, GED, Current grade) _____

Special skills, abilities, interests: _____

Equal Employment Opportunity M/F/D/V

The information requested below is for statistical purposes only and will not be made part of your personnel file:

Sex: Male Female

Racial/ethnic date: Please identify yourself in terms of the racial/ethnic groups below. (Check only one)

- | | |
|--|---|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black (non Hispanic) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> White (non Hispanic) |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black & White (non Hispanic) |
| <input type="checkbox"/> Other (Specify, 2 or more races): _____ | |



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Minor Applicants must be AT LEAST 14 years old

Permission of the Parent or Guardian is Mandatory for Applicants

Please Print: I, _____ am the parent or guardian of:

(Print Child's Full Name) _____ (hereinafter referred to as the CHILD)

I am over eighteen (18) years of age and reside at (Print Your Address) :

In consideration for my CHILD'S participation and registration in the Winter Haven Police Youth Leadership Council, I hereby release, waive, discharge and covenant not to sue the Winter Haven Police Department, City of Winter Haven, its elected officials, officers, employees, agents, participants, sanctioning organizations or any subdivisions thereof, field operators, sports officials, owners and lessees of premises used to conduct programs, events and/or practices from all liability and from any and all loss or damage, and any claim or demands therefore, on account of injury to the CHILD, whether caused by the negligence or otherwise while the named CHILD is, for any purpose, participating in any Winter Haven Police Youth Leadership Council program or activity.

As the parent/guardian of CHILD, I hereby assume full responsibility for the risk of bodily injury to the CHILD due to the negligence or otherwise while the CHILD is, for any purpose, participating in any Winter Haven Police Youth Leadership Council program or activity. Further, I expressly acknowledge that the CHILD'S participation in activities are inherently dangerous and involves the risk of serious injury and agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Florida.

Parent/Guardian realizes that the City of Winter Haven carries no medical insurance covering participation in these activities.

This release constitutes a release or waiver of all claims against the City of Winter Haven, including those claims arising out of negligence of the City of Winter Haven, its elected officials, officers, agents, employees and activity supervisors. This release is signed of my/our free act and will.

Photo Consent: I hereby consent to the use of any photographs taken by the Winter Haven Police Department, its employees, agents, assigned and/or elected officials of myself or my CHILD during participation in Winter Haven Police Youth Leadership Council, for which the above Release and Waiver has been executed. I agree such photographs shall be the sole property of the Winter Haven Police Department and neither myself or the individual(s) on whose behalf this consent is signed are entitled to compensation of any kind for use of such photographs by the Police Department, its employees, agents, assigns, or elected officials.

Parent/Guardian – You MUST Sign Your Name in Ink on the Line Below

(Application will not be accepted without parent/guardian signature)

Please sign in ink

Parent Email

ALL APPLICATIONS MUST BE RECEIVED AT THE POLICE DEPARTMENT NO LATER THAN

FRIDAY, May 24, 2019

Applications can be mailed or hand-delivered to:

**Winter Haven Police Department * Attn: Jamie Brown
125 N. Lake Silver Dr., NW * Winter Haven Florida, 33881**