



Edgewcombe County Sheriff's Office

3rd Annual Junior Sheriff's Academy

First Academy June 15th - June 26th, 2015

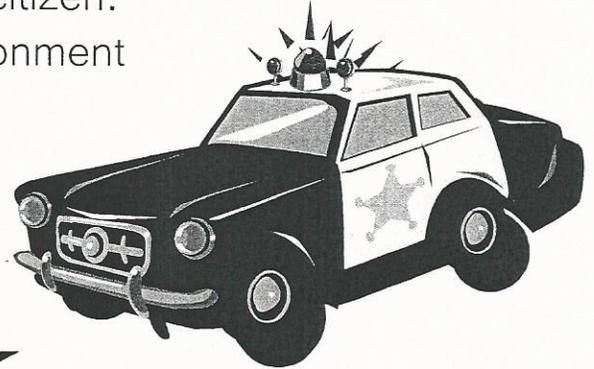
Second Academy July 6th - July 17th, 2015

Monday - Friday

8:00 am - 4:00 pm

The Junior Sheriff's Academy is a two week summer program offered to youth between the ages of 13 to 18. Through this program, participants are able to:

- Learn about law enforcement procedures and the law.
- Ride along with a Deputy Sheriff.
- Learn what it means to be a good citizen.
- Get to know deputies in a fun environment



**There is a \$30.00
registration fee to attend.
Seats will be given on a first
come, first serve basis.**

*For more information
or to complete an
application,
call 252-641-7915.*

Office of the Sheriff



EDGECOMBE COUNTY

JAMES L. KNIGHT
SHERIFF

P.O. BOX 219 • 3005 ANACONDA ROAD
TARBORO, N.C. 27886

PHONE: 252-641-7911
FAX: 252-641-5411

Never has the security of young people been more uncertain. Violence and lawless behavior among youth have left law enforcement searching for solutions. The Junior Sheriff's Academy provides an innovative approach to deescalating youth violence. This program can revolutionize a young person's perception of the Sheriff, the community, and themselves.

The Junior Sheriff's Academy provides young people with information about their local law enforcement agency through education and awareness. This program brings together students and Sheriff Deputies in a safe and fun environment to inspire solid values.

The Edgecombe County Junior Sheriff's Academy is a two week long program for students ages 13 to 18. This mini-course is an 80-hour block of instruction with basic classroom presentations, demonstrations, and practical exercises. Some of the topics covered during this program are police hiring and training, departmental structure, constitutional law, criminal law, juvenile law, patrol techniques, use of force, and defensive tactics. Also included are a mock court trial and a Ride-Along Program. The final day of the class ends with a graduation ceremony where certificates of completion are awarded to all of the participants who attended 80% of the program.

The Junior Sheriff's Academy is designed to:

- Prevent public misunderstanding about police functions
- Build a stronger relationship between the youth and the Sheriff's Office
- Provide youth the opportunity for feedback and suggestions
- Increase youth support and awareness about law enforcement operations through education and exchanging of ideas
- Create responsible, well-informed young people who influence public opinion on law enforcement practices and services

Modeled after similar programs developed in the United States and Canada, the Edgecombe County Junior Sheriff's Academy is a means to reach out to young people.

Mail all applications back to the: Edgecombe County Sheriff's Office
Junior Sheriff's Academy Program
3005 Anaconda Road
Tarboro, NC 27886
252-641-5411

Or faxed to:

EDGECOMBE COUNTY OFFICE OF THE SHERIFF



JUNIOR SHERIFF'S ACADEMY

APPLICATION

APPLICATION MUST BE RETURNED BY MAY 29, 2015

Edgecombe County Sheriff Office

Junior Sheriff's Academy

Application

PLEASE PRINT OR TYPE

First Name	Middle Name	Last Name
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Drivers License or Identification Number	State	Class of License (if applicable)
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(Current Mailing Address)	City	State	Zip Code
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(Current Physical Address) Street	City	State	Zip Code
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Age	School Name (2014-15 School Year)	Grade Level (2014-15 School Year)
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Occupation (Give past or current)	Employer	Number of Years
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Home Telephone Number

Home E-mail Address

List any special areas of interest that you may have in law enforcement.
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List the reason(s) why you wish to attend the Junior Sheriff's Academy.

Shirt Size: (Circle one of the below)
Adult: Small Medium Large X-Large 2X-Large
Youth:

Circle the session would you like to attend.	
Session 1 (Junc 15-26, 2015)	Session 2 (July 6-17, 2015)

Have you been charged or arrested by a law enforcement officer? Yes No
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If Yes, give the date(s) and explain.

Do you have any physical limitations or restrictions? _____ Yes _____ No
If Yes, please describe.

Give the name, the relationship, address, and telephone number of a person to contact in case of an emergency.

Name	Relationship	Address	Telephone Number

I certify that all the information I have provided is true and valid and I understand that any misstatement of material facts in this application will be cause for disqualification from participation in the Junior Sheriff's Academy program.

Applicant Signature	Date
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Signature of Parent or Guardian (for applicant is under 16)	Date
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