

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

May 13, 2013

Dear Parents,

The Edgecombe County Sheriff's Office is proud to announce that it will be hosting its First Annual Junior Sheriff's Academy. The academy participant's age range is from 13 to 18. We hope this will be a rewarding experience for your child(ren) as they familiarize themselves with the world of law enforcement.

Through the Junior Sheriff's Academy, we hope to lessen misconceptions the public may have in regard to the functions of the Sheriff's Office. The Junior Sheriff's Academy has five objectives:

- To prevent misunderstandings about law enforcement functions
- To build a stronger relationship between the community and the Sheriff's Office
- To provide the public with the opportunity for feedback and suggestions
- To increase community support and awareness about Sheriff's Office operations through education and exchanging of ideas
- To create responsible, well-informed citizens who influence public opinion on law enforcement practices and services

During your child's participation in this program, he/she will gain a greater appreciation and understanding of the issues and challenges facing modern law enforcement. The classes will be held for two (2) consecutive weeks Monday through Friday from 8:00 AM until 4:00 PM. Classes will be held at the Edgecombe County Sheriff's Office beginning June 17th and ending June 28th. Each individual is responsible for their transportation to and from the class.

An application to apply to the Junior Sheriff's Academy is included with this letter. The application must be completed and returned to the school by May 31st.

I look forward to seeing you on Monday, June 17, 2013. If you have questions regarding this information, please feel free to call me at 252-641-7915.

Sincerely,

James L. Knight
Sheriff of Edgecombe County

JLK:imp

EDGECOMBE COUNTY OFFICE OF THE SHERIFF



JUNIOR SHERIFF'S ACADEMY APPLICATION

Office of the Sheriff



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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 Academy is a two week long program for junior and senior high school students. 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 is 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

Or faxed to: 252-641-5411

Edgecombe County Sheriff's Office Junior Sheriff's Academy

Program Rules

The **PARTICIPANT** shall wear basic school approved attire. This attire shall include the Junior Sheriff's Academy issued T-shirt that shall be worn as part of the uniform daily along with arm length or longer shorts and pants to include jeans. Footwear shall include athletic shoes. Sweats, form fitting pants, stretch pants and shorts above the arm length are not permitted. The participant shall be neatly attired and groomed or will not be permitted to participate in the Junior Sheriff's Academy Program.

The **PARTICIPANT** will be issued a Junior Sheriff's Academy Name Tag and shall visibly wear the Name Tag throughout the Junior Sheriff's Academy Program.

Each **PARTICIPANT** will be issued a Junior Sheriff's Academy T-shirt on the start date of the academy. The Junior Sheriff's Academy T-shirt shall be worn as the Academy uniform each day.

Each **PARTICIPANT** should be dropped off at the Edgecombe County Sheriff's Office Front Office no earlier than 8:00 am. and picked up no later than 4:30 pm. A deputy will be standing by during drop off and pick up times and will escort participants into the building promptly at 8:15 am and out of the building at 4:15 pm. (**Transportation will not be provided**).

Each **PARTICIPANT** must attend all of the scheduled classes unless the participant has a legitimate excuse. As a participant of the Junior Sheriff's Academy, the participant is expected to come to class whenever the program is in session. If an emergency arises to prevent the participant from attending, please make a reasonable effort to notify Detective D.J Pittman or Corporal E. Whitaker, the program coordinators at 252-641-7911.

If the **PARTICIPANT** misses more than 8 hours from the Junior Sheriff's Academy Program, the participant will not be eligible to receive a certificate and may not be eligible to graduate from the program with successful completion.

Each **PARTICIPANT** will have lunch provided daily by one of the local fast food restaurants. However, change will be needed to purchase snacks and drinks if the participant desires from the vending machines in the building. Snacks and drinks range from .65 cents to \$1.25 each.

No **PARTICIPANT** will be allowed to leave for lunch unless arrangements have been made earlier with a note from the participant's parent or guardian. On the final day of the program, there will a graduation ceremony at 3 p.m. in the Edgecombe County Administrative Building Auditorium. Family members and friends are invited to attend the graduation ceremony. Refreshments will be served directly afterwards.

The **PARTICIPANT** shall not be under the influence of any illegal drug or alcohol while participating in the Junior Sheriff's Academy Program.

The **PARTICIPANT** shall be under the command of the program coordinator and/or assigned officer(s), and shall comply with all instructions given by the coordinator and/or officer(s).

The **PARTICIPANT** who violates any of the Rules of Conduct may, at the discretion of the program coordinator or assigned officer, be dismissed from the Junior Sheriff's Academy Program without refund.

Each **PARTICIPANT** will be required to complete a written evaluation of the Junior Sheriff's Academy Program experience at the conclusion of the program.

Keep this form for your records. These rules will be reviewed with the participant prior to leaving on the first day of the Junior Sheriff's Academy. If the participant has any questions or needs clarification of any of these rules, please bring it to the attention of the program coordinator or the assigned officers.

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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School Name (2012-13 School Year)	Grade Level (2012-13 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 (June 17-28, 2013)	Session 2 (July 8-19, 2013)

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

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

List 3 personal references (include complete names, addresses along with city state and zip code, and telephone number.)

Name	Address	Telephone Number

Name	Address	Telephone Number

Name	Address	Telephone Number

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

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

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JAMES L. KNIGHT
SHERIFF

Edgecombe County Sheriff's Office Junior Sheriff's Academy Program

Liability Release, Acknowledgement, and Assumption of Risk
Jail Tour
(For Persons 18 Years of Age and younger)

I _____, grant my child _____ permission to participate in the tour of the Edgecombe County Detention Center during his enrollment of the Edgecombe County Junior Sheriff's Academy. I understand that the sole purpose of this tour is to give my child a better understanding of the day-to-day operation of the Edgecombe County Detention Center, and the demanding job of a Detention Officer. I am aware that this activity may be hazardous to the participant and observers to the extent that serious injury and /or death could occur. Nevertheless, I would like my child to participate in this activity and I accept any risk involved.

I hereby waive all claims of any sort that may arise against the Sheriff of Edgecombe County, any duly appointed detention officer and/or deputy sheriff of said office, Edgecombe County or its employees individually and agree to seek no redress against those in any event of death or injury and is binding on my estate, heirs, insurers or any other party who otherwise would have any claim arising from any accident or incident occurring during said program.

Signature of Parent/Guardian

County of Edgecombe
State of North Carolina

Subscribed and sworn to before me this the _____ day of _____, _____.

Notary Public (Official Seal)

My commission expires: _____.

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SHERIFF

Edgecombe County Sheriff's Office Junior Sheriff's Academy Program

*Liability Release, Acknowledgement, and Assumption of Risk
(For Persons 18 Years of Age and younger)*

I, _____ (Parent/Guardian) of _____ (Participant), Age _____, understand that participation in this program involves the risk of injury. I understand that the above said minor will be participating in various activities with the Edgecombe County Sheriff's Office, and that he/she may be exposed to some danger because of the nature of law enforcement. I hereby release Edgecombe County and Edgecombe County Sheriff's Office, from all liabilities for any accidents or injuries incurred during the time the above said minor is participating in the program with the Edgecombe County Sheriff's Office.

By signing this form, I acknowledge all risks of injury and death and affirm that I am willing to assume responsibility for the above said minor should injury or death result from them. The above said minor will be responsible to follow all rules and procedures of the program and to follow the reasonable instructions of the deputies and supervisors of the program.

Furthermore, in return for the opportunity for the above said minor to participate in this program, I agree for myself, my heirs, assigns, executors and administrators to waive any legal rights I may have to seek payment of any kind from Edgecombe County, its employees or its agents for bodily injury or death of above said minor resulting from this program. This waiver and release applies to injuries from all causes and includes all payments or legal remedies I may be entitled, unless if the injury or death of the above said minor were to be caused by the negligence of Edgecombe County, its employees or its agents.

I understand that no insurance coverage is provided by Edgecombe County. I have read and understand all the provisions in this participation release.

Signature of Parent/Guardian

Date

Signature of Program Coordinator

Date

Signature of Sheriff

Date