



Lake County Sheriff's Office
Youth Criminal Justice Career Camp
STUDENT INFORMATION

INCOMPLETE APPLICATIONS WILL BE RETURNED WILL NOT BE ACCEPTED

N/A SHOULD BE USED IN AREAS THAT DO NOT APPLY TO THE STUDENT

NAME				DATE OF BIRTH 00/00/0000			
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> ASIAN		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DRIVERS LICENSE NUMBER		STATE	
<input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE		<input type="checkbox"/> OTHER					

STREET ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS (If different than above)					
HOME PHONE	CELL PHONE	SCHOOL		GRADE	
STUDENT EMAIL					
PARENT/LEGAL GUARDIAN				CONTACT PHONE	
PARENT/LEGAL GUARDIAN EMAIL					

Are you taking medication that would affect your ability to operate a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any health issues that prevent you from participating in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT SIGNATURE

Date

PARENT/LEGAL GUARDIAN SIGNATURE

Date



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC
58**

To: **Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records** **APPLICANT'S NAME:** _____
DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Lake County Sheriff's Office

ADDRESS: 360 West Ruby Street | Tavares, FL 32778

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Lake County Sheriff's Office

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. *Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.*

Applicant's Signature _____

Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

EMERGENCY CONTACT

EMERGENCY CONTACT #1			RELATIONSHIP:
NAME (Last, First, Middle):			
EMERGENCY CONTACT ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:	
EMERGENCY CONTACT #2			RELATIONSHIP:
NAME (Last, First, Middle):			
EMERGENCY CONTACT ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:	

Employee Signature

Effective Date

Data Entry Operator Signature

Date

RELEASE AND WAIVER OF LIABILITY YOUTH CRIMINAL JUSTICE CAREER CAMP

I, the undersigned, as the parent or legal guardian of _____, and in consideration of the opportunity for my child to participate in the Youth Criminal Justice Career Camp, sponsored by the Lake County Sheriff's Office (LCSO), do hereby agree to the terms listed below.

I hereby assume the risk of personal injury or death or property damage or other loss arising from my child's participation in this program, including but not limited to, his or her presence on LCSO facilities, use of LCSO equipment and transportation by LCSO personnel. I understand that this program will involve my child participating in a police academy experience, including but not limited to a variety of physical activities such as completing an "obstacle course" at the LCSO range and learning and practicing "take down" procedures. My child will be transported to various locations and field trips in LCSO vans. I understand and accept the inherent risks involved in the activities described herein including the possibility of injury, permanent disability, or death.

I hereby agree to release, waive, and forever discharge the Sheriff of Lake County, Florida (Sheriff), his officers, employees and agents from any liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and cost of actions, including attorneys' fees for trial and appeal arising out of or resulting from my child's participation in this program.

Furthermore, I agree to defend, indemnify, and hold harmless the Sheriff, his officers, employees, and agents, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed wrongful act or omission of my child while participating in this training. I understand that this release and indemnity agreement include any claims based on the negligence, gross negligence, actions or inactions of the Sheriff, his employees, agents, and representatives and covers bodily injury and property damage, suffered by my child. This release, waiver and hold harmless agreement shall be binding upon me and my heirs, personal representatives, successors, and assigns.

I hereby authorize the LCSO to photograph my child and to use those images to promote the program through all media sources, including but not limited to, television, Facebook or other social media. I hereby authorize the LCSO and its employees or agents to seek emergency medical attention for my child in the event of injury or medical emergency. I understand that the cost of said medical care or transportation shall be solely my responsibility. I understand and agree my child's participation in this program may be terminated at any time by a designee of the Sheriff of Lake County, Florida. I hereby execute this hold harmless and indemnification on behalf of myself and my heirs and assigns.

SIGNATURE

DATE

PRINT NAME

PHONE

ADDRESS

E-MAIL ADDRESS

CITY, STATE, ZIP CODE

Authorized Agents / Emergency Contacts:

I hereby authorize the following person(s) to pick up my child or authorize medical treatment for my child in the event that I am not available.

NAME

PHONE

NAME

PHONE

Sworn to and subscribed before me this ____ day of _____, 20____.

☐ Personally known to me ☐ Produced _____ as identification.

By _____

☐ Notary Public ☐ Law Enforcement Officer in performance of Official Duties

My Commission Expires: (Per F.S.S. 117.10)

Youth Criminal Justice Career Camp

Code of Conduct/Dress Code

All students attending the Youth Criminal Justice Career Camp shall adhere to the following guidelines regarding conduct and dress. Any student who violates the following guidelines will either not be admitted to class or be dismissed from the remainder of class.

1. Students will arrive on time to all class meetings and will not leave unless otherwise dismissed by an instructor.
2. Proper dress is required during all classes. No revealing clothing, clothing with offensive images or wording is allowed. Proper footwear is required during all class meetings; only closed toe shoes are allowed.
3. No offensive, abusive or otherwise foul language will be allowed by students while in class or on Lake Tech property.
4. Students shall refrain from physical contact with another student or instructor unless the contact is voluntary **AND** necessary to the training curriculum.

Student Signature

Date

Parent Signature

Date

Student Name Printed

Parent Name Printed

Please return completed applications to Community Services either at:

Lake Square office

Lake County Sheriff's Office

10401 US Hwy 441 #130, Leesburg 34788,

email to communityservices@lcso.org

fax to 352-365-2804