



Westmoreland County Sheriff's Office
C. O. Balderson, Sheriff
A State Accredited Law Enforcement Agency



What is the Junior Deputy Academy (JDA)?

JDA provides High School Students with an inside look at local law enforcement. During the five days, 3 hour per day curriculum, Sheriff's Office personnel will give instruction you concerning a variety of subjects pertaining to law enforcement. The participants will have the opportunity to meet with the Sheriff and staff members. The purpose of the Academy is to:

- Increase understanding through education and interaction with members of the Sheriff's Office.
- Give young citizens the opportunity to learn why deputies "can" and/or "cannot" do certain things.
- Increased police awareness to dispel suspicions, misconceptions, and increase police/community relationship.
- Build lasting and productive partnerships between our Sheriff's Office and the communities we so proudly serve.

How do I apply?

The Junior Deputy Academy is intended for raising 9th grader to raising 11th graders who wish to learn more about law enforcement in Westmoreland County. You must reside in Westmoreland County in order to attend the academy. Participation in the academy requires a commitment of 5 days, Monday June 23rd 2025 through Friday June 27th 2025 from 1pm until 4pm at the Westmoreland High School. Students are encouraged to participate by asking questions and expressing their ideas and concerns to their instructors. Class size will be limited to 30 participants.

The Westmoreland County Junior Deputy Academy participants are based on a first come first serve process. Applications for the Junior Deputy Academy can be obtained from your School Resource Officer or by calling 1st Sergeant Smith (804) 493-0106 extension 2202.

What kind of instruction will I receive? The Westmoreland County Sheriff's Office Junior Deputy Academy is divided into (3) sections.

(1) Classroom Instruction	(2) Demonstrations	(3) Practical Exercises
---------------------------	--------------------	-------------------------



Westmoreland County Sheriff's Office
C. O. Balderson, Sheriff
A State Accredited Law Enforcement Agency



**Westmoreland County Sheriff's Office
Junior Deputy Academy
Application**

Name: _____ Date of Birth: _____
Last First MI

Address: _____
Street Apt. # City, State Zip

Current School Attending: _____ Grade: _____

Age: _____ Sex: _____ Race: _____

Known Allergies & Medications: _____

Parent/Guardian:

Name: _____
Last First MI

Contact Phone Number: _____

Alternate Phone Number; _____

Relationship to Applicant: _____

Email Address: _____

Alternate Emergency Contact:

Name: _____
Last First MI

Contact Phone Number: _____

Alternate Phone Number: _____

Relationship to Applicant: _____

Emergency Authorization

I hereby authorize the Junior Deputy Academy (JDA) Coordinators to maintain and administer any prescribed medication for my child:

Child's Name/Age

During the Junior Deputy Academy, I hereby give consent and permission to any licensed physician to hospitalize, and secure proper treatment for my child (named above). I understand that if my child has a health history of which the instructors need to be aware, I am under the responsibility to provide it. This form may be photocopied for use during the program.

Signature of Parent/Guardian

Date

Waiver of Civil Liability
Junior Deputy Academy for Youth

I hereby waive any and all claims and demands of whatever nature which I have or may hereinafter acquire against the County of Westmoreland, and Sheriff's Office personnel, as a result of my permission for my child's participation in the Junior Deputy Academy on the date and time specified: between the hours of 1:00 pm and 4:00 pm. I further agree that my child will comply with all the rules of the program and adhere to the directions given by instructors and program coordinators in connection with the program. I understand parents/guardians are required to provide transportation for their child daily. Students must be picked up promptly at 4pm each day. Other arrangements must be authorized in writing by the parent or guardian. I hereby acknowledge that I fully understand this waiver and that it is a voluntary act on my part and my child.

Child's Name/Age

Parent/Guardian's Name: _____
Print Parent/Guardian Signature

Dated this ____ day of _____, 202__, in the County of Westmoreland,
Virginia.

Permission Form

I give my consent and permission to the Westmoreland County Sheriff's Office to use, publish, print or otherwise released the likeness, voice, picture, photograph and name of the me and my child (if applicable) related to the event names below for the purposes pertaining to the following: general media releases; promotional or publicity purposes; photographic, print, radio, electronic, internet, or anything throughout the United States and world. I also give my consent and permission to the County of Westmoreland and its agents to edit such material on film or videotape for these purposes and I waive my right to approve such edits and any accompanying written, photographic or narrative material.

In consideration of County's permission for me and/or my child to participate in this event, I hereby release the Westmoreland County Sheriff's Office, its deputies from any liability for any violation of personal, privacy, property, or other rights which I or my family might have in connection with the use of me or my family members likeness, voice, picture, photograph and name.

☐ I give my consent and permission

☐ I do not give consent or permission

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Name of Child

STUDENT BEHAVIOR CONTRACT

The purpose of this contract is to inform the student that he/she must comply with all provisions of the Westmoreland County Sheriff's Office Junior Deputy Academy and to the specific terms set forth in this contract. The student understands that there will be "zero tolerance" for undesirable actions as dangerous horseplay, bullying, or rude behavior to fellow students, will result in removal from the academy. This contract is in effect for the safety of all students and the maintenance of discipline and order. The student agrees to adhere to this behavior contract at all times, while attending the academy.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Name of Child

[illegible]

Date: _____