

BUCKHANNON POLICE DEPARTMENT

BEYOND THE BADGE PROGRAM

PARTICIPANT APPLICATION

Only 30 applications will be accepted.

Completed applications must be returned to the **Buckhannon Police Department**.

The program will take place regardless of the number of participants, whether there is 1 participant or 30 participants.

The Buckhannon Police Department will continuously accept applications until we have reached 30!

With that said if you do not want to participate in the next month please contact

Officer Major (Email: dylanmajor@buckhannonpolice.com / Phone: 304-472-5723 Ext.1325

More information will be posted on our Facebook page month to month!

Please follow Buckhannon Police Department and VIPS on Facebook to stay up to date!

PROGRAM INFORMATION

First Meeting: January 5th | 6:00 PM – 7:30 PM
Location: 24 S. Florida St., Buckhannon, WV 26201
Phone: (304) 472-5723
Eligible Participants: 6th Grade – 12th Grade
Parents/Guardians: Welcome and encouraged to participate

APPLICANT INFORMATION

Last Name: _____

First Name: _____

Full Middle Name: _____

Date of Birth: _____ **Age:** _____

Grade Level: _____

Physical Address:

Home Phone: _____

Cell Phone: _____

PARENT/GUARDIAN INFORMATION

Please provide the information for the applicant's parent or legal guardian.

Last Name: _____

First Name: _____

Full Middle Name: _____

Relationship to Applicant: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT

If a parent or guardian cannot be reached, please provide an emergency contact.

Name: _____

Phone: _____

Address:

_____

_____

Relationship to Applicant: _____

_____

PROGRAM QUESTIONS

Please answer all questions honestly and completely. If additional space is needed, please attach a separate sheet of paper.

1. Does the applicant have any special needs or require any accommodations in order to participate safely and fully in the program?

☐ **YES** ☐ **NO**

If yes, please explain:

_____

_____

_____

2. Does the applicant or anyone in the applicant's immediate family know any police officers?

☐ **YES** ☐ **NO**

If yes, please list their name(s):

3. Is the applicant interested in pursuing a career in law enforcement?

☐ **YES** ☐ **NO**

If yes, please explain:

4. Why are you interested in participating in the Buckhannon Police Department Beyond The Badge Program?

Please provide a detailed response.

5. Please list any community activities, associations, organizations, clubs, sports, or other programs in which the applicant participates.

6. Does the applicant have any allergies or food allergies?

☐ **YES** ☐ **NO**

If yes, please explain:

Does the applicant carry emergency medication, such as an EpiPen or inhaler?

☐ **YES** ☐ **NO**

If yes, please list the medication

MEDIA RELEASE

May the Buckhannon Police Department photograph or record the applicant while participating in the Beyond The Badge Program and use those photographs or videos for official department social media, public-relations, or promotional purposes?

☐ **YES** ☐ **NO**

PROGRAM CONTENT ACKNOWLEDGMENT

The Beyond The Badge Program may include educational presentations involving **real-life law enforcement body-worn camera footage and other law enforcement-related videos**. Some material may contain mature or graphic subject matter and may be rated **PG-13 or R** due to the nature of real-life incidents.

The program may also include demonstrations involving **less-lethal law enforcement equipment and techniques** along with forensics as well.

These materials and demonstrations are intended for educational purposes and will be presented in an appropriate instructional setting.

Does the applicant have permission from a parent or legal guardian to view this educational content and participate in these activities? ☐ YES ☐ NO

PARTICIPANT & PARENT/GUARDIAN ACKNOWLEDGMENT

As a participant in the **Buckhannon Police Department Beyond The Badge Program**, I understand that I am expected to participate in program activities to the best of my ability and to conduct myself in a respectful and appropriate manner.

I understand that failure to follow program rules, directions, or behavioral expectations may result in removal from the program. In such circumstances, a parent or legal guardian will be contacted.

By signing below, the applicant and parent/legal guardian acknowledge and agree to the applicant's participation in the **Beyond The Badge Program**. This permission includes participation in program activities, presentations, demonstrations, field trips, and travel to other locations when activities or presentations are being conducted.

I understand that program activities may involve law enforcement demonstrations, educational materials, physical activities, and travel to locations outside of the Buckhannon Police Department.

APPLICANT

Applicant Signature: _____

Date: _____

PARENT/GUARDIAN

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian:
