



# **Nelson Police Department**

## **Youth Police Academy**

The Youth Police Academy will be held this November for students aged 11-14 years. This program will consist of four sessions conducted over the course of four weeks.

The academy will offer a hands-on introduction to the world of law enforcement, featuring interactive activities, role-playing exercises, and informative discussions led by our officers. Participants will explore key aspects of policing, such as use of force and conflict de-escalation, arrest, note-taking, communication, investigation, and decision-making.

Sessions will be held on Saturday mornings at the Nelson Police Department. There is no cost to participate in the Youth Police Academy. Participating students will be required to attend every session. There are limited spaces available and registration is on a first come first serve basis. Students will be contacted via email with further information if they have secured a spot.

### **Dates**

- November 8<sup>th</sup>, 2025. 9:00-12:00
- November 15<sup>th</sup>, 2025. 9:00-12:00
- November 22<sup>nd</sup>, 2025. 9:00-12:00
- November 29<sup>th</sup>, 2025. 9:00-12:00

### **Eligibility**

- Aged 11-14 years
- Living in the City of Nelson
- Able to pass a police record check

### **Application Process**

- Complete the attached application package
- Submit package in person at the Nelson Police Department, located at 606 Stanley St or email to [CSO@nelsonpolice.ca](mailto:CSO@nelsonpolice.ca) by **October 29<sup>th</sup>, 2025**.



# Youth Police Academy

## Application Form

Last Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of birth (YYYY/MM/DD): \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Telephone number: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Telephone number: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Care card number: \_\_\_\_\_

Do you have any medical concerns or allergies? If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt size (S, M, L, XL): \_\_\_\_\_



# Youth Police Academy

## Application Form

## Why do you want to be involved in the Youth Police Academy?

**Please provide your answer in a 100-250-word paragraph.**

## **PARENTS/GUARDIANS PERMISSION & LIABILITY WAIVER:**

I, \_\_\_\_\_, the guardian/parent of \_\_\_\_\_, hereby give permission for \_\_\_\_\_ to participate in the NPD YOUTH POLICE ACADEMY. I understand that \_\_\_\_\_ will be involved in a variety of activities including but not limited to Physical Fitness, Police Incident Simulations, and Use of Force Training

**\*\*NOTE\*\*** Students will receive information and potentially utilize various Use of Force options, in conjunction with learning Police decision making.

I understand that \_\_\_\_\_ will be required to provide his/her own transportation to the training location. I further acknowledge that some physical activity will be involved and state that \_\_\_\_\_ is in good physical condition and is capable of participating in strenuous physical activity.

Further, the undersigned agrees to assume all risks of participating in the NPD YOUTH POLICE ACADEMY, and does hereby remise, release, and forever discharge the NELSON POLICE DEPARTMENT, its servants and agents, from any and all manner of actions, debts, claims, and demands, that said undersigned may have by reason of any manner arising out of the said activities organized by the Nelson POLICE DEPARTMENT whilst the NPD YOUTH POLICE ACADEMY is in session.

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APPLICANT NAME (PRINT)

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APPLICANT SIGNATURE

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DATE (YYYY/MM/DD)

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PARENT/GUARDIAN NAME

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PARENT/GUARDIAN SIGNATURE

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DATE (YYYY/MM/DD)

## PROVINCE OF BRITISH COLUMBIA CONSENT FOR CRIMINAL RECORD SEARCH

Surname: \_\_\_\_\_ Given: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

WHEREAS I have applied for: THE NELSON POLICE DEPARTMENT YOUTH POLICE ACADEMY and I am required by NELSON POLICE to disclose whether or not I have any convictions or have been charged under any federal enactment;

AND WHEREAS I understand that disclosure of a criminal record may not necessarily preclude me from the function I have applied for;

AND WHEREAS I understand that if NELSON POLICE should decide any conviction or charge disclosed might preclude me from the function I have applied for I will be given an opportunity to see and discuss that criminal record;

I therefore, authorize NELSON POLICE on my behalf to inquire into and determine whether or not I have a criminal record, and also make to NELSON POLICE a full and complete disclosure of any criminal record they may find.

### MEDIA CONSENT

The NELSON POLICE DEPARTMENT may publish media, including photos or videos taken whilst the NPD YOUTH POLICE ACADEMY is in session, for informational or promotional purposes within the organization's related properties and websites.

- I consent to The Nelson Police Department publishing my likeness for promotional or informational purposes.
- I **Do Not** consent to The Nelson Police Department publishing my likeness for promotional or informational purposes.

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APPLICANT SIGNATURE

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PARENT/GUARDIAN SIGNATURE

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DATE (YYYY/MM/DD)

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DATE (YYYY/MM/DD)