



# DELAWARE STATE POLICE TROOPER YOUTH WEEK APPLICATION



June 26-June 30, 2017  
(No cost to student)

**Please return form to:**  
DSP Training Academy  
TYW Coordinator  
1453 N. Dupont Hwy.  
Dover DE 19901  
Ph. (302) 672-5459

**Most Recent  
School ID**

**Deadline for Applications is 3pm on May 12, 2017**

Name of Applicant:

\_\_\_\_\_

(Last)

(First)

(MI)

Address:

\_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Applicant Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Adult Shirt Size: **S / M / L / XL**

Parent/Guardian Name:

\_\_\_\_\_

Address (if different):

\_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Emergency Name and Telephone Number (other than parent or guardian):

\_\_\_\_\_

Have You Previously Applied for Trooper Youth Week: Yes or No

Have You Previously Attended Delaware State Police Trooper Youth Week: Yes or No

If so, when: \_\_\_\_\_

**APPLICANT ESSAY**

Please submit a TYPED One (1) page essay along with your application.

Topic: Why I would like to attend the 2017 Trooper Youth Week Program

Must Be Completed By School Counselor Or School Resource Officer:

Counselor / SRO Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Recommendations / Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counselor's/SRO Signature: \_\_\_\_\_

**APPLICANT REQUIRED ITEMS**

**WEARING APPAREL:**

- \_\_\_ Modest night wear (e. g. T-shirt, shorts)
  - \_\_\_ Two pairs of ***tan*** trousers (similar to "***Dickies***" brand trousers)
  - \_\_\_ One pair black or dark brown colored shoes (not gym shoes)
  - \_\_\_ Sufficient white T-shirts, socks, and underwear for a week
  - \_\_\_ Brown or Black Belt
- (Shirts will be provided)

**ATHLETIC APPAREL:**

- \_\_\_ Athletic clothing (white T-shirt / blue short)
- \_\_\_ Athletic shoes / running shoes
- \_\_\_ Gym socks
- \_\_\_ Bathing Suit

**ADDITIONAL ITEMS:**

- \_\_\_ Bath towel / Wash cloth
  - \_\_\_ Shower Slippers
  - \_\_\_ Pillow and one pillow case (**white**)
  - \_\_\_ Two white single bed sheets (Both flat, not fitted.)
  - \_\_\_ Laundry Bag
  - \_\_\_ Swim Towel
  - \_\_\_ Personal toiletry items
- (Blankets are provided)

No facilities are available for the purchase of any of the above articles. It is suggested that no large sums of money be brought to the Academy. However, Delaware State Police memorabilia, shirts, hats, etc. will be available for sale at then end of the week.

**All Applicants:** Do not bring jewelry, candy, gum, any electronic devices, Ipod's, radios, cellular phones, etc. Male Applicants will be expected to be clean shaven every day with a military hair cut. Females will be expected to wear their hair in a bun; if appropriate. No earrings, nose rings or belly rings will be permitted.

**TROOPER YOUTH WEEK RELEASE**

I, \_\_\_\_\_, being over twenty-one (21) years

(Print Parent's Name)

of age, and being parent and/or guardian of \_\_\_\_\_,

a minor of ( ) years of age, in consideration of being made available to said minor the facilities at the Delaware State Police Training Academy, Dover, Delaware, during the year 2017, do hereby covenant and agree with the Delaware State Police of the State of Delaware, their assigns, that neither said minor nor I, individually, or as a parent and/or guardian of said minor, will ever institute any law suit, action at law, or make any claim against said State, their officers, agent, employees or members for or by reason of any damage, loss or injury either to the person or property or both, whether developed or undeveloped, resulting or to result, known or unknown, which occur during or as a result of any participation of events known as Trooper Youth Week.

**Parent / Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**TROOPER YOUTH WEEK MEDICAL FORM**

**To be filled out and signed by examining doctor:  
(A copy of a physical may be attached, if completed within last 12 months)**

State Following Condition of:

Heart\_\_\_\_\_

Temp\_\_\_\_\_

Lungs\_\_\_\_\_

S/P or Hernia \_\_\_\_\_

Eyes\_\_\_\_\_

Athletes Foot\_\_\_\_\_

Sinuses\_\_\_\_\_

Throat\_\_\_\_\_

Ears\_\_\_\_\_

Teeth\_\_\_\_\_

Polio Shots: Series\_\_\_\_\_ # of Shots\_\_\_\_\_ Date\_\_\_\_\_

Tetanus shot: Date\_\_\_\_\_

General Health: \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Any Student taking a prescribed medication must have physician's signature.  
Medication must be registered with the Academy personnel upon arrival.**

Prescribed  
Medication: \_\_\_\_\_

**Physician's  
Signature:** \_\_\_\_\_

Additional Case Information: \_\_\_\_\_

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**Must be completed by parent / guardian:**

Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Parent /Guardian's  
Signature: \_\_\_\_\_