



# Fairfax County Police Department

## Future Women Leaders in Law Enforcement



**August 10 – 15, 2015**

Haven't decided on a career path? Come and explore careers in law enforcement. Learn first-hand about core police functions such as patrol, K9, and crime scene investigation. Meet today's women leaders in law enforcement in Fairfax County. Explore what it takes to become a police officer and the skills you will learn in the police academy. Discover your potential to become the future women leaders in law enforcement.

Classes will be held Monday through Saturday from 9:00am – 3:00pm at the FCPS Gatehouse Administration Building, located at 8115 Gatehouse Road in Falls Church, Virginia. Participants are expected to attend all classes.

The program is offered free of charge and is open to all high school girls in Northern Virginia who will be entering 10th, 11th or 12th grade during the 2015-2016 school year. Applications will be accepted April 1 – May 30, 2015.

Participants will learn about:

- **Patrol**
- **Crime Scene Investigation**
- **Women in Law Enforcement**
- **Recruiting Process**
- **Leadership Skills**



For an application or more information,  
please call **(703) 280-0713**  
or e-mail us at  
[CPA@fairfaxcounty.gov](mailto:CPA@fairfaxcounty.gov)

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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call Fairfax County Police Department at (703) 691-2131 or TTY (703) 204-2264.



## FAIRFAX COUNTY POLICE DEPARTMENT Future Women Leaders in Law Enforcement

### Future Women Leaders in Law Enforcement August 10 – 15, 2015

**What:** A week-long program to explore careers for women in law enforcement. Classes will be held Monday through Saturday from 9:00am – 3:00pm. Participants are expected to attend all classes.

**Where:** Fairfax County Public Schools Gatehouse Administration Building, located at 8115 Gatehouse Road in Falls Church, Virginia.

**Eligibility:** The program is offered free of charge to all high school girls in Northern Virginia entering 10th, 11th or 12th grade in the 2015-2016 school year. Class size is limited to 40 students. Students are expected to provide their own transportation and bring a bagged lunch.

**Graduation:** The culmination of the week will be a graduation ceremony on Saturday, August 15 followed by a reception. The graduation will take place at the Fairfax County Criminal Justice Academy. Parent/Guardian(s), friends and family are highly encouraged to attend. More details will be provided.

**Applications must be submitted by **May 30, 2015****

**MAIL THE FORMS TO:**

Fairfax County Police Department  
Citizens Police Academy  
c/o APO-VIPS Coordinator  
3911 Woodburn Rd.  
Annandale, VA 22003

**OR E-MAIL THE FORMS TO:**

[CPA@fairfaxcounty.gov](mailto:CPA@fairfaxcounty.gov)

For more information, please contact:

Ms. Tracey Ryan  
Office: (703) 280-0713  
[Tracey.Ryan@fairfaxcounty.gov](mailto:Tracey.Ryan@fairfaxcounty.gov)



# FAIRFAX COUNTY POLICE DEPARTMENT Future Women Leaders in Law Enforcement

## APPLICATION FORM

**PLEASE PRINT:** Please submit completed application by **May 30, 2015.**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age: \_\_\_\_\_

Name of School Attended by Participant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Ethnic Origin: Caucasian: \_\_\_\_\_ African American: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
Asian: \_\_\_\_\_ American Indian: \_\_\_\_\_ Other: \_\_\_\_\_

Please check if enrolled in criminal justice classes



Name of Parent / Guardian: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ADA accommodations needed: Yes / No

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does your child take any medications on a daily basis? **Yes/No** If yes, please provide additional information on the medical history form.

Does your child have any allergies? **Yes/No** If yes, please provide additional information on the medical history form.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# FAIRFAX COUNTY POLICE DEPARTMENT

## Future Women Leaders in Law Enforcement

### APPROVAL & AGREEMENTS

PLEASE READ CAREFULLY

- 1. Participation Authorization:** I hereby grant permission for the child named on this form to participate in any or all of the programs sponsored by the Future Women Leaders in Law Enforcement. I understand that my child may be transported to other sites for additional activities during the course of their participation in the program and I agree to hold harmless the County of Fairfax, its employees and volunteers for injuries or damages resulting from my child's participation.
- 2. Emergency Treatment:** Employees of Fairfax County participating in the Future Women Leaders in Law Enforcement have permission, in the event that I cannot be reached in an emergency, at my expense to (1) contact our family physician, or (2) utilize the most convenient rescue squad, vehicle, or ambulance to transport my child to the nearest hospital.
- 3. Photographs:** By signing this form, I give permission for my child/myself to be photographed and /or videotaped by the County of Fairfax and public media, unless a separate request not to photograph is submitted. I understand that the photograph/video will be used to promote the Future Women Leaders in Law Enforcement program and I give permission for that use.
- 4. Rules of Conduct:** I understand my child must comply with the rules defined by staff and maintain self-control and act responsibly while participating in the program.
- 5. Liability Waiver:** In consideration of the Police Department of the County of Fairfax, Virginia (hereinafter "Police Department") granting my child permission to attend the Future Women Leaders in Law Enforcement program, I hereby waive any and all risks and liability for damages, losses, personal injuries, or death which my child might suffer, sustain, or cause while participating in the Future Women Leaders in Law Enforcement. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the County of Fairfax, the Police Department, officers, agents, or employees as a result of my child's voluntary participation in the Future Women Leaders in Law Enforcement program, and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees, and costs incurred in defending said demand or claim.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part. I also understand that as part of the application process my child's criminal history and DMV record will be checked by the Fairfax County Police Department.

- 6. Approval:** I have read and understand the participation approvals and agreements and by my signature agree to its terms.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# FAIRFAX COUNTY POLICE DEPARTMENT

## Future Women Leaders in Law Enforcement

### PARTICIPANT RULES

1. Each participant must complete an application and have a parent/guardian sign a parental permission authorization.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absences from more than two sessions may prevent a participant from graduating.
3. Participants are expected to dress in appropriate attire. No shorts or tank tops are permitted. Jeans are permitted as long as they are clean, have no holes, cuts, etc. T-shirts are permitted as long as they are clean, no holes, tears, cuts and if they are imprinted, the imprint must be in good taste. Any t-shirt with foul language, in poor shape or is offensive in any manner will not be allowed. The instructors reserve the right to request the student leave the classroom. The student may change and return that day if possible.
4. Participants shall not be armed at any time during the program. This includes pepper spray, handguns, knives, pocketknives, any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the program.
5. Participants shall be polite and respectful of all instructors, police officers, other adults and students during class.
6. It is important that class start on time and there are as few disruptions as possible. Participants are expected to arrive on time.
7. Gang symbols, paraphernalia (such as bandanas, beads, etc.) will not be tolerated. Displaying gang signs or symbols will result in the student being asked to immediately leave the program.

I certify that I understand the requirements of participating in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List your name as you wish it to appear on your certificate (please print):

\_\_\_\_\_



# FAIRFAX COUNTY POLICE DEPARTMENT

## Future Women Leaders in Law Enforcement

### RECOMMENDATION

Please provide one recommendation from a school guidance counselor, teacher or school resource officer. Comments may be noted below or attached as a separate page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor/Teacher/SRO Name (please print) \_\_\_\_\_

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

\_\_\_\_\_  
Phone



# FAIRFAX COUNTY POLICE DEPARTMENT

## Future Women Leaders in Law Enforcement

### ESSAY

Please write a short essay, not to exceed 300 words, explaining in your own words why you wish to attend Future Women Leaders in Law Enforcement. Use an extra page (with your name on it) if you wish.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



FAIRFAX COUNTY POLICE DEPARTMENT
Future Women Leaders in Law Enforcement

Health and Emergency Care Form

Participant's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Important - The following must be completed for attendance.

The following questions are in regards to the participant. The below information will be given to any EMT, paramedic or health care professional providing treatment. The form will also be given to a doctor if an emergency room visit is recommended. Please fill out the following questionnaire to the best of your knowledge and explain any medical conditions that your child may have, in full detail.

Has your child had any recent injury, illness or infectious disease? YES NO

If yes, explain: \_\_\_\_\_

Has your child ever been hospitalized and/or had any surgeries? YES NO

If yes, explain: \_\_\_\_\_

Does your child have any orthopedic problems (i.e.: bones, joints, ligaments and muscles)? YES NO

If yes, explain: \_\_\_\_\_

Does your child have any physical limitations, or wear orthopedic braces? YES NO

If yes, explain: \_\_\_\_\_

Does your child have a history of: (Please circle Yes / No)

Table with 6 columns: Condition, Yes, No, Condition, Yes, No. Rows include Asthma, Headaches, Ear Infections, Fainting Spells, Diabetes, Heart Trouble, Difficulty w/ Digestion, Convulsions / Seizures.

If YES, to any of the above, please explain: \_\_\_\_\_



**FAIRFAX COUNTY POLICE DEPARTMENT**  
**Future Women Leaders in Law Enforcement**

**Health and Emergency Care Form**

Participant's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Medical History – continued

Allergies:

Is your child allergic to any medications? YES or NO

If yes, please list medication and describe the reaction: \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any foods? YES or NO

If yes, please list foods and describe the reaction: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special dietary needs? YES or NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Shots:

Does your child have their vaccinations on record at the school in which they attend? YES or NO

Please provide the date of the last **Tetanus Shot** (DPT or DT or DTaP): \_\_\_\_\_

Other Conditions: Are there any other medical conditions that are not listed above? YES or NO

Please provide any additional information about the participant's behavior, physical, emotional, or mental health about which the camp should be aware: \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications that will need to be taken during program hours? (9:00 – 4:00) YES NO

If yes – please list the medication name and the time the medicine is to be taken:

\_\_\_\_\_

\_\_\_\_\_

\*Please Note\* Most medications require special certification to administer and may not be allowed.