

Applicant's Full Name *(print)*



Leesburg Police Department Camp Independence Application Packet 2025

Camp Date:

July 15th – July 18th, 2025

FIRM Application deadline is June 20th, 2025.

Residents of the Town of Leesburg are given first consideration.

Camp Independence Coordinator

Master Police Officer Russ Bolden

Rbolden@leesburgva.gov

703-771-4500

Office Use Only:

DATE APPLICATION RECEIVED: _____

Approved – Y/ N

Officer Initials - _____

Leesburg Police Department Camp Independence

The Leesburg Police Department Camp Independence is a one-week day camp for students who are currently in high school students. Enrollment for Camp Independence is limited to seven (7) participants.

The purpose of Camp Independence is to include students who have disabilities in an adapted camp environment, focusing on confidence and safety, where they will be exposed to activities that will help them learn how to successfully live an independent life.

Participants will have the opportunity to receive instruction in traffic stops and interactions with law enforcement, fire safety, social skills, hygiene, and meal planning and preparation.

There is no fee for Camp Independence. All students interested in participating in the camp must complete an application and turn it in before the assigned deadline. All applications are reviewed and those accepted to the program are notified. Turning in an application **DOES NOT** guarantee acceptance into Camp Independence.

Participants will receive a Camp Independence shirt and will be required to wear this shirt while attending camp. Campers will be provided with water during activities.

If you have any questions, please feel free to contact Master Police Officer Russ Bolden at (703) 771-4500, Rbolden@leesburgva.gov, or Sergeant Wael Abilmona at Wabilmoa@leesburgva.gov

To ensure a safe and productive experience for all participants, the following requirements must be met for a student to be eligible for Camp Independence:

- **Must independently toilet themselves**
- **Be able to communicate effectively**
- **Be able to follow simple instructions**
- **Must independently complete physical tasks**

Leesburg Police Department Camp Independence

Application Packet Checklist

- Liability / Medical Release and Rules of Conduct Forms (signed by parent and child)
- Signed Emergency Contact Form
- Signed Media Release Form
- Turn in the packet with all the attached paperwork, including this page and the front page

Applications can be turned in by:

- Dropping them off at the Leesburg Police Department, 65 Plaza Street NE, Leesburg, VA 20176.
- Emailing them to Master Police Officer Russ Bolden at Rbolden@leesburgva.gov.

Incomplete packets will not be accepted and will not be processed for acceptance.

The camp is limited to seven (7) participants. An alternate list may be maintained in case of cancellations.

Applicants must be currently enrolled in High School.

The Leesburg Police Department does not provide transportation to and from the camp.

Campers must be signed in and out each day. Campers may be signed in up to **15 minutes** before the start time and must be signed out within **15 minutes** of the dismissal time.

All applications will be reviewed and approved by LPD staff on a first-come, first-served basis as they are received.

Applicants will be contacted in a timely manner **via email or phone** when they have been accepted into the camp.

Applications must be received by **June 20, 2025**.

Leesburg Police Department Camp Independence

Rules of Conduct

1. Treat everyone with respect
2. No weapons of any kind
3. Baseball caps and hats are not allowed
4. Cell phones can be used when necessary.
5. No physical contact with peers, unless directed
6. Horseplay or roughhousing will not be tolerated
7. No vulgar or profane language
8. Camp T-shirts must be worn
9. Camp IDs must be worn at all times.
10. Follow all directions given by camp personnel
11. No chewing gum or sodas
12. Attendees must participate in all camp activities
13. Safety comes first
14. Wearing jewelry or expensive watches is discouraged
15. Athletic shoes should be worn
16. No open-toed shoes or sandals
17. No cut-off or extra baggy shorts
18. We expect 100% attendance! Absences MUST be cleared through the Police instructors in advance, or the camper risks being dropped from the program.

Violation of any of these rules may result in the camper being sent home, being asked not to return to camp the following day or being dropped from the program.

Camp-issued equipment remains the property of the Leesburg Police Department until the camper has completed the course.

Campers are asked to abide by these rules and the basic rules of conduct set by the Loudoun County Public Schools.

Signature of Parent: _____

Signature of Camper: _____

Date: _____

The camp hours will be 10:00 a.m. -2:00 p.m. Tuesday through Friday. Campers may be dropped off and signed in between 9:45 a.m. and 10:00 a.m.. On July 19th, we will have a BBQ at Foxridge Park from 12:00 p.m. – 2:00 p.m. Parents are invited to come.

Leesburg Police Department Camp Independence

Liability / Medical Release

Name of Camper: _____ Date of Birth: _____

I, the parent and or legal guardian of _____, a camp participant, is in consideration of the services provided by the Town of Leesburg, Leesburg Police Department, hereby authorize and grant permission for my child to participate fully in the "Camp Independence" program and activities without limitation. I understand that there are certain risks inherent in my child's participation in this program and in the activities associated with this program. I for myself and my minor/adult child and my collective heirs, personal representatives and assigns, here by waiver, release and forever discharge the Town of Leesburg and the Leesburg Police Department, their employees, volunteers, representatives, agents, servants and all other persons responsible for supervision and management of the "Camp Independence" program in the Town of Leesburg, Loudoun County, Virginia. I hereby certify that my child has no illnesses, injuries, or conditions that would preclude him/her from participating in this program. I further certify that my minor/adult child has received all of his/her currently required medical examinations, treatment, and immunizations in compliance with state law.

I agree to:

1. Bring my child into the Leesburg Police Department Headquarters or other assigned locations, sign them in (**on time**), and make sure that my child is under supervision before leaving the premises.
2. Arrive at the Leesburg Police Department or other assigned location to pick up my child (**on time**) and contact a staff member and sign my child out of the camp daily.
3. Pick up my child or make arrangements to have them picked up (on time) by a responsible adult known to the child, when called by the program staff in the event of an illness, emergency, or for disciplinary reasons.
4. Notify the program staff of any medical concerns, including but not limited to allergies, communicable disease, or illness.
5. Sign the provided medical release form allowing for medical treatment necessary for my child in my or the emergency contact's absence.

I agree to allow any member of the Leesburg Police Department to seek and receive any necessary medical treatment for my child. In my absence, any member of the Leesburg Police Department may authorize any necessary medical procedures for the safety of the child listed on this form. I agree to release the Town of Leesburg, Leesburg Police Department, and any agent or employee from liability for injuries incurred by my child while participating in Camp Independence. I also agree to release from liability the Town of Leesburg, Leesburg Police Department, and any agent or employee for any medical treatment that is received by my child while in attendance at Camp Independence.

Parent Name: _____ Parent Signature: _____

Date: _____

Leesburg Police Department Camp Independence

Emergency Contact Form

Name: _____

School: _____ Grade (as of 9/2025): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Parent Email: _____

Day time Address/Work Address: _____

****Parent or Emergency contact must be available at one of these numbers during camp hours****

Emergency Contact Other Than Above: _____

Emergency Contact Phone Number: _____

Relationship to the child: _____

Doctor: _____ Phone: _____

Allergies: _____

Medications: _____

Does the camper carry their own medication? _____ yes _____ no

Camp T-shirt Size: (ADULT SIZES)

Camp uniform, including sneakers, must be worn every day.

Tee Shirt Size: Small _____ Medium _____ Large _____ XL _____ XXL _____

Leesburg Police Department Camp Independence

MEDIA RELEASE

Camper Photo Release Form

Name of Camper: _____ DOB: _____

I give permission for my child (named above) to be photographed in any and all Leesburg Police Department Camp Independence activities. I understand that these digital photographs may be used for information purposes within the department. They may also be used to provide information about the Leesburg Police Department programs and activities to the public through the Leesburg Police Department publications and displays, in addition to newspapers and other print media, on television, and in connection with LPD information provided on the Internet.

NOTE: Campers will not be identified in any media.

- I consent as outlined in the above consent/release section
- I DO NOT consent as outlined in the above consent/release section

Signature of Parent/Guardian: _____

Date: _____