



**Join us and explore the police profession at
The Harrisonburg Police Department's P.A.T.C.H. Camp 2026!
Pride, Accountability, Teamwork, Courage, Honor**

P.A.T.C.H. Camp is a free day camp hosted by the Harrisonburg Police Department. Our goal is to provide youth ages 12 – 16 exposure to their local police department and the role it plays in the community. We aim to foster and enhance Pride, Accountability, Teamwork, Courage, and Honor to youth interested in law enforcement by participating in our summer camp. We will be educating the participants on the various duties in which officers specialize in a relaxed environment, with an active and hands-on approach. The program is supervised by officers within the Harrisonburg Police Department and other volunteers. P.A.T.C.H. Camp will begin with an orientation event on Friday June 19th from 3:00 p.m. to 4:00 p.m. P.A.T.C.H. Camp will be held **Monday June 22nd to Friday June 26th from 8:00 a.m. to 3:30 p.m.** Lunch will be provided for each PATCH camper but transportation to and from the police department is the responsibility of the family. If you are interested, please review the requirements below, complete the application and mail, email, or return to the Harrisonburg Police Department lobby **no later than May 29th.**

Harrisonburg Police Department
Attn: Community Resource Unit - PATCH
101 N. Main St. Harrisonburg, VA 22802

Contact for questions:

Sergeant Kevin Fowler

kevin.fowler@harrisonburgva.gov

(540) 433 6800 Ext. 3468

Officer Rebecca Bechtel

rebecca.bechtels@harrisonburgva.gov

(540) 437-2630

HPD P.A.T.C.H. Requirements:

- City of Harrisonburg residents will be given priority. Applicants from other jurisdictions will be considered.
- Applicants must be 12 to 16 years old.
- Applicants must be enrolled in a public or private school and maintain a “C” grade point average.
- Applicants need to provide their latest report card to verify.
- Applicants must be of good ethical and moral character in school and in the community.
- The Community Resource Unit will review all applications for acceptability in this selective screening process.



To be completed by the Parent/Guardian, please print clearly.

Part I: Parent/Guardian Information

Name:

Relationship:

Address:

Phone Number:

Email:

Emergency Contact for applicant (please provide name, relationship, and phone number)

1.

2.

To be completed by the applicant, not the parents or guardians, please print clearly.

Part II: Personal Information and References

Name:

Preferred Name (Nickname):

Gender:

Birth Date:

Age:

Current Grade Level:

Address:

Phone Number (If applicable):

Email (If applicable):

School Name:

Clothing Sizes (circle one t-shirt size and one shorts size)

T Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large
Adult XX-Large

Shorts Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large
Adult XX-Large



Part III : Character Reference

Please attach two (2) letters of reference from a community member not related to the applicant. Include their name, relationship to the applicant, and contact phone or email below:

Name	Relation	Phone/Email
1.		
2.		

Part IV: Health Information

Please list any of the following concerns:

Medical:

Dietary: (please list all allergies and/or restrictions)

Behavioral:

Any additional relevant information:

Part V: Short Essay

On a **separate piece of paper**, describe in 300 words or less why you want to be involved in the Harrisonburg Police Department's P.A.T.C.H. Camp, what you are interested in learning, and what qualities you bring to a team. This can be handwritten or typed.



Part VI: Signatures

I certify that the information above is true and correct. I give the Harrisonburg Police Department permission to verify all the information and to contact my school and character reference for further information. By signing I understand that the Harrisonburg Police Department retains the authority to immediately, with cause, remove a participant from the P.A.T.C.H. Camp program.

_____	_____	_____
Applicant Name (Printed)	Applicant Signature	Date

_____	_____	_____
Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date

Make sure all the following is completed prior to submitting this application:

- Essay
- Copy or Photo of Report Card
- Letter of Reference 1
- Letter of Reference 2
- Applicant Signature on:
 - Application Signature in Part VI
- Parent Guardian Signature on:
 - Application Signature in Part VI
 - Agreement Assuming Risk or Damage Waiver
 - Photo Release



**Agreement Assuming Risk of Injury or Damage
Waiver and Release of Claim
For the Harrisonburg Police Department**

I, the undersigned, have voluntarily asked for permission to participate in the Harrisonburg Police Department's P.A.T.C.H. Camp.

I acknowledge that the activities of said P.A.T.C.H. Camp involve physical activities and therefore may include the possibility risk of personal injury or death, and damage or destruction to property, and while participating in activities it may require me to act or refrain from acting in ways that could cause injury to me or loss of property.

Therefore, as consideration for the opportunity to participate, I agree as follows:

1. I freely and expressly ASSUME AND ACCEPT THE RISK of and RESPONSIBILITY for any and all injury (which includes death) to me, and loss, damage, or destruction to any of my property, that I may suffer during the camp. This assumption of risk applies regardless of the cause for the injury, loss, damage or destruction, or the person or persons responsible for the cause, and specifically includes injury, loss, damage, or destruction caused by Harrisonburg Police Department, their officers, employees, and agents, even if it occurs through the negligence, willfulness, or wantonness on the part of such persons or entities.
2. I RELEASE, AND FOREVER DISCHARGE the City of Harrisonburg and the Harrisonburg Police Department, their officers, officials, employees, and agents from any and all liability, claims, suits, costs, and attorney fees for any and all injury (which includes death), and loss, damage, or destruction to any of my property, that I may suffer during the camp, or any events related thereto. This release and discharge apply regardless of the cause for the injury, loss, damage or destruction, or the person or persons responsible for the cause, and specifically includes injury, loss, damage or destruction caused by the Harrisonburg Police Department, their officers, officials, employees, and agents or the property or equipment of such persons or entities, and regardless of whether it occurs through the negligence, willfulness, or wantonness on the part of such persons or entities
3. I agree that if a lawsuit or claim for damages is brought against the City of Harrisonburg or the Harrisonburg Police Department, their officers, officials, employees, and agents, on account of injuries to me or damage to my property, I will INDEMNIFY, DEFEND AND HOLD THEM HARMLESS from all such damages and costs of suit, including attorney fees.
4. **I have read this agreement and understand all of its terms and conditions. By signing below, I am agreeing to be bound by all of those terms and conditions.**

Dated this _____ day of _____, 20__.

Participant's Printed Name: _____ Signature: _____

Address: _____ Telephone Number: _____

Parent/Guardian Name: _____ Signature: _____



CITY OF HARRISONBURG
POLICE
DEPARTMENT

CHIEF JOSEPH D. TUCKER

101 NORTH MAIN STREET, HARRISONBURG, VA 22802
OFFICE (540) 437-2600 • FAX (540) 437-2691

City of Harrisonburg

Photo Release

Date: _____

I hereby authorize the City of Harrisonburg to interview _____ (participants name) and/or use their likeness and name in materials to be used in public service announcements, public education initiatives and in the service of the public good. This authorization extends to all publications whether now known or hereafter existing, controlled by the City of Harrisonburg. I will make no monetary or other claim against the City of Harrisonburg for the use of my interview, likeness and/or name in perpetuity.

Name of Participant: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relation to Participant: _____

Address _____

City & State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____