WIREGRASS PUBLIC SAFETY CENTER
DOTHAN, ALABAMA

100 Public Safety Way
Dothan, AL 36303
safewiregrass.org

The Wiregrass Public Safety Center is excited to offer the third annual "Summer Safety Academy" for students ages 16-18 and recent high school graduates. The Wiregrass Public Safety Academy (WPSA) is a tuition-free summer camp for those with an interest and a desire to pursue a career in public safety.

The Academy will cover two weeks, Monday through Friday, June 8th through the 19th and will culminate at the end of each week with a live training scenario that the cadets will put into action the lessons that were taught during the week.

Over the two weeks, the cadets will spend one week with members from the Dothan Fire Department and the other week with members from the Dothan Police Department. ***This will be a high-intensity, very active and challenging two weeks. Applicants must meet a physical standard to participate in the two week program.***

The WPSA will teach various aspects of public safety that include hands-on experiences with numerous training resources located at the Wiregrass Public Safety Center. At the end of the two week period, a graduation ceremony will be held and one student will earn a $1,000 scholarship and the other will earn a seat in the Fall Dothan Fire Department Recruit School.

Academy Highlights:

Career path exploration, development and mentoring
Classroom instruction on various public safety topics
Tours of the Communications Center and Jail
Guest speakers: Law Enforcement, Fire, EMS, Dispatch, City Leaders

Hands-on experiences:

Police and fire training props
Police and fire agility test
CPR/First Aid Certifications
Work a mock crime scenario with crime scene investigation
Learn search and rescue techniques
Learn aspects of fire-fighting

The Wiregrass Public Safety Academy will begin accepting applications February 1st and will be limited to 20 applicants. Preference will be given to those who are currently enrolled in the Junior Police Academy and the Fire Explorer Program. Successful applications will receive notice of acceptance into the program by May 1st.

This is a competitive application process.

WIREGRASS PUBLIC SAFETY ACADEMY

June 8th through June 19th 2026

Application Instructions: Please completely fill-out the following form and obtain your parent/ guardian's signature before turning in. Make sure your handwriting is legible and neat. The Academy is limited to 20 cadets. Open positions will be selected upon review of the applications.

Cadet Information:

First Name: _____ Last Name: _____

Circle one: ☐ Male ☐ Female Date of Birth: ____/____/_____ Cell Phone #: (____) _____-_____

Address: _____ Home Phone #: (____) _____-_____

Current Grade (*circle one*):10th ☐ 11th ☐ 12th ☐ School: _____

Cadet T-shirt size (*circle one – adult sizes*): S ☐ M ☐ L ☐ XL ☐ XXL ☐

Cadet short size (*circle one – adult sizes*): S ☐ M ☐ L ☐ XL ☐ XXL ☐

Parent/ Guardian Information:

First Name: _____ Last Name: _____

Address: _____ Phone #: (____) ____-_____

Employer: _____ Work Phone #: (____) ____-_____

Work Address: _____

Email Address: _____

Emergency Contact (*if parent is unavailable*):

First Name: _____ Last name: _____

Relation: _____ Contact #: (____) ____ - _____

Cadet Personal Health History

Identification: To be filled out by parent or guardian about cadet. Please print in ink.

Cadet Name: _____ Date of birth: ____/_____/_____

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

Allergies: Food, Medicines, Insects, Plants, Other (*circle one*): YES NO

General information:	**Yes**	**No**		**Yes**	**No**		**Yes**	**No**
Asthma	☐	☐	Heart Trouble	☐	☐	Convulsions/seizures	☐	☐
Diabetes	☐	☐	Hemophilia	☐	☐	Cancer/Leukemia	☐	☐
Kidney Disease	☐	☐	High Blood Pressure	☐	☐	Other: **Explain	☐	☐

If yes, explain: _____

List any mediations (Prescription or OTC) taken: _____

List any physical or mental limitations: _____

_____

Please turn form over to complete ⟶

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June 8th through June 19th 2026

Application Instructions: Please completely fill-out the following form:

Cadet Information Continued:

Please check **YES** or **NO** for the below:

	Yes	No
Can you lift 50 pounds?	☐	☐
Can you crawl in tight spaces?	☐	☐
Are you scared of heights?	☐	☐
Are you scared of loud noises?	☐	☐
Does smoke or fire bother you?	☐	☐
Can you handle high intensity training?	☐	☐
Are you interested in a career in Public Safety?	☐	☐

	Yes	No
Are you currently enrolled in the Junior Police Academy?	☐	☐
Are you currently enrolled in the Fire Explorer Program?	☐	☐
Do you have adequate daily transportation?	☐	☐

WHY SHOULD WE CHOOSE YOU ?

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Parent Authorization (Mandatory)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities associated with the Wiregrass Public Safety Academy, except as noted by me in writing. I have received and read the Insurance Waiver- Release of Liability. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

_____	_____	____/____/20_____
Parent/guardian printed name	Parent/Guardian Signature	Today's Date
_____	_____	____/____/20_____
Applicant printed name	Applicant Signature	Today's Date

** Please complete and turn-in the photo release waiver and insurance waiver along with this application.*

To submit the application: use mail, email or drop off to:

Wiregrass Public Safety Center
ATTN: Samantha Beck
100 Public Safety Way
Dothan, AL 36303

Email:sbeck@dothan.org

For Questions: (334) 615-3915

WPSC Facility Use Only:

Date of Application: _____/_____/20____ Position: _____ of 20

Application complete: Yes No Parent/Guardian Signature: Yes No

Photo Release Waiver Signed/ On File: Yes No

T-Shirt/Short Size: _____ Confirmation Email Sent: ____/_____/20____

Coordinator Signature: _____ Date: _____/ _____/ 20_____

WIREGRASS PUBLIC SAFETY ACADEMY

Insurance Waiver- Release Of Liability

CADET'S FULL NAME: _____

In consideration of being allowed to participate in any way in the Wiregrass Public Safety Academy (WPSA), and/or Dothan Police and Dothan Fire Department affiliated/sponsored programs, related events, and activities, I and/or the minor CADET, the undersigned:
(Please initial by each item below after fully reading)

_____ 1. Agree that prior to participating I will inspect to the best of my ability, or if a parent and/or legal guardian I will Instruct the minor Cadet to inspect the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor Cadet will immediately advise a WPSC Coordinator or Instructor of such condition(s) and refuse to participate until safe to do so.

_____2. Acknowledge and fully understand that I and/or minor Cadet, may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my/their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonable foreseeable at this time.

_____3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

_____4. Release, waive, discharge and covenant not to sue The Wiregrass Public Safety Center, and/or The Dothan Police and Dothan Fire Departments, and/or The City of Dothan and its affiliated associates, their respective administrators, directors, agents, Instructors, Coordinators, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and, if applicable, owners and leasers of premises used to conduct the program/event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

_____5. I understand that The Wiregrass Public Safety Academy does not maintain medical, dental or vision coverage for its participants, nor is the Dothan Police nor Dothan Fire Departments or the City of Dothan responsible for such insurances. In case of an emergency, my personal medical/dental/vision coverage and/or I will be responsible for all costs accrued. My medical coverage is as follows:

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ **PRIMARY PHYSICIAN:** _____

PHYSICIAN'S ADDRESS: _____ **PHONE #: (_____) _____- _____**

_____6. Give permission for the Instructors and Coordinators of the WPSC to obtain for the Cadet emergency medical treatment, as they deem advisable.

_____7. Acknowledge and fully understand that the WPSA Instructors and Coordinators have the authority to exclude Cadets from the academy for behavior they deem unsafe. Note: Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior. The WPSC regards safety as our first concern. Cadets in the academy may be removed or excluded for behavior that is deemed by the Instructors or Coordinators to be a danger to self or others.

Please read before signing: I have read the complete waiver and release and I understand that I may have given up substantial rights by signing. I have not changed this orally and I sign this release voluntarily. The information I have given is accurate and complete.

Cadet Printed Name:_____ **Date:** _____/ _____/ **20**____

Cadet Signature: _____ **Age:** _____ **Grade:** _____

This is to certify that I, as parent/guardian with legal responsibility for this minor Cadet, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence.

1st Parent/Guardian's Name: _____

Signature: _____ **Date:** _____/_____/**20**_____

Emergency Phone: (_____**)** _____-_____ **Relationship:** _____

2nd Parent/Guardian's Name: _____

Signature: _____ **Date:** _____/_____/**20**_____

Emergency Phone: (_____**)** _____-_____ **Relationship:** _____

**<u>NOTE:</u> If 2nd parent signature is not possible, 1st parent/guardian certifies that the 2nd parent/guardian has authorized this Cadet to pursue this activity and the 2nd parent/guardian agrees to all items stipulated above.*

WIREGRASS PUBLIC SAFETY ACADEMY

CADET PHOTO RELEASE WAIVER

The Wiregrass Public Safety Academy takes many pictures and/or videos of the Cadets throughout each academy session to illustrate, for you and them, the many activities in which they are engaged. Some photos are used for publication to promote the Wiregrass Public Safety Center and/or the Dothan Police Department and/or the Dothan Fire Department via digital, print and electronic publishing. This includes Facebook and other social media outlets in which we utilize.

As the guardian of a minor participant of the Wiregrass Public Safety Academy, you have the option to allow or not allow use of your minor's photo or likeness for the above uses.

I attest that I am the parent or legal guardian/parent for the minor listed below.

Identification: To be filled out by parent of guardian about minor. Please print in ink.

Cadet Full Name: _____ **Date of birth:** ____/_____/_____

Name of parent/guardian: _____ **Phone #: (**_____**)** _____ **-** _____

Mailing address: _____

Please choose one of the below options:

☐ **Yes, Allow my minor's photo to be used.** By checking yes, I grant The Wiregrass Public Safety Academy and the Dothan Police and the Dothan Fire Department, along with its Instructors, staff, employees and sponsors the right to photograph my minor dependent and use the photo and or other digital reproductions of them or other reproduction of their physical likeness for publication processes, whether electric, print, digital or electronic publishing via the internet.

☐ **No, I do NOT grant use of my minor's photo.**

***If you have any questions or concerns,*
please contact Samantha Beck at 334-615-3915