

Johnson City Police Department 601 E Main Street, Johnson City, TN 37601 423.434.6105

# **2023 Shop With a Cop Participant Application**

The Johnson City Police Department's Shop With a Cop program is designed to foster positive relationships between youth and officers while offering assistance to local, indigent families during the holiday season. As the Christmas season grows closer, planning for our 9<sup>th</sup> annual event is well underway. To be considered for participation, review the eligibility requirements below and complete the affixed packet. Incomplete packets or falsified information may result in disqualification. All provided information is kept confidential.

# **APPLICATION PROCESS & GUIDELINES**

Completed applications must be received no later than November 14, 2023. Packets can be emailed to <u>swac@johnsoncitytn.org</u>, mailed to the police department or dropped off at the Records Department (601 E Main St). Blank applications can also be picked up from the Records Department or at any of the Johnson City School System elementary schools.

Please note that submission of this application <u>DOES NOT</u> guarantee your child(ren) will be sponsored by Shop With a Cop this year. SWAC Committee members coordinate with teachers, counselors, and School Resource Officers to select families based on the greatest need. Once applications are reviewed, you will be notified as soon as possible.

# ELIGIBILITY REQUIREMENTS

Eligible applicants must be between 5 and 12 years of age, enrolled in an elementary school within the Johnson City School System, not previously participated in Shop With a Cop in the past three (3) years, and have no serious disciplinary actions during the current school year.

If selected, children of qualifying ages will participate in the dinner with an officer and a shopping trip to Walmart. All other children in the home outside the qualifying age range will receive Christmas morning gifts and clothing items.

# **CONTACT INFORMATION**

Parent/Legal Guardian:	Cell Number:	
Address:	City/State:	Zip Code:
Email Address:	Preferred Method of	Contact:

- 1. Has your family participated in a Shop With a Cop program in the past? If so, please indicate the child and time frame.
- 2. Is anyone in the household registered with other assistance programs such as Coalition For Kids, Good Samaritan, Salvation Army's Angel Tree, etc.?
- 3. How many adults live in the household? \_\_\_\_\_ How many children in the household? \_\_\_\_\_

List everyone over the age of 18 living in the household (under the same roof). If over the age of 18 but still enrolled in high school, please list them in the next section.

First Name	Last Name	Age	Relationship

List everyone under the age of 18 living in the household (under the same roof).

First Name	Last Name	DOB	Relationship	School

# CHILD INFORMATION AND WISH LIST

Complete one information block for each child listed above. Be specific with clothing sizes and specify if they need youth or adult sizes. Incomplete information may result in disqualification.

Wish lists should include items such as art supplies, books, games, etc. If listing a bicycle, add the appropriate bike size. <u>Ineligible items</u> include the following: cell phones or minute cards, age-inappropriate video games or movies, computers, tablets and gift cards.

By signing and submitting this application, you are certifying that you are the parent or legal guardian of the listed child(ren) and falsification of information may result in being disqualified from the program.

Signature:	Date:

1.	Child's Name:		Gender:	Age	•
	School:		Gender: _ Grade:	Teacher:	
	Allergies:		Reaction/Treatment N	leeded:	
		Information & Cloth	ing Sizes ***Indicate if	Youth or Adult Siz	es <mark>***</mark>
	Shirt	Pants	Jeans		Pajamas
	Coat	Shoes	Underw	vear	
			Wish List		
	1		2		
	3		4		
			ecial Interests, etc.):		
2.	Child's Name:		Gender:	Age	:
	School:		_ Grade:	Teacher:	
	Allergies:		Reaction/Treatment N	eeded:	
		Information & Cloth	_Reaction/Treatment N ing Sizes ***Indicate if	Youth or Adult Size	es <mark>***</mark>
	Shirt	Pants	Jeans		Pajamas
	Coat	Shoes	Underw	/ear	
			Wish List		
	1		2		
			4		
	Other Information	(Hobbies, Needs, Spe	cial Interests, etc.):		
		e			
		e			
3.	Child's Name:	e 	Gender:	Age:	
3.	School:		_ Grade:	Teacher:	
3.	School:		_ Grade: _Reaction/Treatment N	Teacher: eeded:	
3.	School:		_ Grade:	Teacher: eeded:	
3.	School:		_ Grade: _Reaction/Treatment N	Teacher: eeded: Youth or Adult Size	
3.	School:Allergies:	Information & Clothi	_ Grade: _Reaction/Treatment N ing Sizes <mark>***Indicate if</mark>	Teacher: eeded: Youth or Adult Size	es***
3.	School: Allergies: Shirt Coat	Information & Clothi Pants Shoes	Grade: _Reaction/Treatment N ing Sizes ***Indicate if Jeans Underw Wish List	Teacher:      eeded:      Youth or Adult Size      Youth or Adult Size      Youth or Adult Size	es*** Pajamas
3.	School: Allergies: Shirt Coat	Information & Clothi Pants Shoes	Grade: _Reaction/Treatment N ing Sizes ***Indicate if Jeans Underw	Teacher:      eeded:      Youth or Adult Size      Youth or Adult Size      Youth or Adult Size	es*** Pajamas
3.	School: Allergies: Shirt Coat 1	Information & Clothi Pants Shoes	Grade: _Reaction/Treatment N ing Sizes ***Indicate if Jeans Underw Wish List	Teacher: eeded: Youth or Adult Size Prear P	es*** Pajamas

Child's Name: _		Gender:	Age:	
School:	G	rade:Teache	er:	
Allergies:	R	eaction/Treatment Needed	7	
		Sizes <b>***Indicate if Youth</b>		
Shirt	Pants	Jeans	Pajamas	
Coat	Shoes	Underwear		
		Wish List		
1	2			
3	4			
Other Informatio	on (Hobbies, Needs, Specia	l Interests, etc.):		
	(, - <b>-</b> ,, - <b>-</b> ,,,,,,,,,			
Child's Name: _		Gender:	Age:	
School:	G ת	rade:I eache	er:	
Allergies.		Sizes ***Indicate if Youth	or Adult Sizes***	
~				
Shirt	Pants	Jeans	Pajamas	
Coat	Shoes	Underwear		
1		Wish List		
I.		Z		
3		4		
Other Informatio	n (Hobbies, Needs, Special	Interests, etc.).		
	(			
Child's Name:		Gender:	Age:	
			er:	
Allergies:	R	eaction/Treatment Needed:	·	
	Information & Clothing	Sizes ***Indicate if Youth	or Adult Sizes***	
Shirt	Pants	Jeans	Pajamas	
Coat	Shoes	Underwear	1 ajantas	
	511005	Wish List		
1				
3		4		

Other Information (Hobbies, Needs, Special Interests, etc.):

		Gender:	Age:	
School:	G	Gender: rade:Teacher:		
Allergies:	R	eaction/Treatment Needed:		
Ir	nformation & Clothing	Sizes <b>***Indicate if Youth or A</b>	Adult Sizes***	
Shirt	Pants	Jeans	Pajamas	
Coat	Shoes	Underwear		
1		Wish List 2		
3.		4		
Other Information (H	lobbies, Needs, Special	I Interests, etc.):		
Child's Name:		Gender:	Age:	
School:	G	rade:Teacher:		
Allergies:	R	eaction/Treatment Needed:		
In	formation & Clothing	Sizes ***Indicate if Youth or A	Adult Sizes***	
Shirt Coat	Pants Shoes	Jeans Underwear	Pajamas	
Coat	Shoes	Underwear Wish List		
Coat	Shoes	Underwear Wish List 2		
Coat	Shoes	Underwear           Wish List           2.           4.		
Coat	Shoes	Underwear Wish List 2		
Coat	Shoes	Underwear           Wish List           2.           4.		
Coat       1.       3.       Other Information (H       Child's Name:	Shoes Special	Underwear           Wish List           2.           4.           Interests, etc.):	Age:	
Coat         1.         3.         3.         Other Information (H         Child's Name:         School:	Shoes Special	Underwear       Wish List       2.       4.       Interests, etc.):   Gender: Teacher:	Age:	
Coat         1.         3.         3.         Other Information (H         Child's Name:         School:	Shoes Special	Underwear           Wish List           2.           4.           Interests, etc.):	Age:	
Coat         1.         3.         3.         Other Information (H         Child's Name:         School:         Allergies:	Shoes Special	Underwear       Wish List       2.       4.       Interests, etc.):   Gender: Teacher:	Age:	
Coat         1.         3.         3.         Other Information (H         Child's Name:         School:         Allergies:	Shoes Special	Underwear         Wish List        2.        4.        4.         Interests, etc.):        Gender:        Teacher:         rade:      Teacher:        Teacher:	Age:	
Coat         1.         3.         3.         Other Information (H         Child's Name:         School:         Allergies:         In	Shoes Shoes Shoes Shoes Special Solution	Underwear         Wish List         2.         4.         4.         Interests, etc.):         rade:         Teacher:         rade:         Teacher:         Sizes         ***Indicate if Youth or A         Jeans         Underwear	Age:	
Coat       1.       3.       3.       Other Information (H       Child's Name:       School:       Allergies:       In       Shirt       Coat	Shoes Shoes Shoes Shoes Shoes Shoes Shoes Shoes	Underwear         Wish List        2.        4.        4.         Interests, etc.):        Gender:        Teacher:         rade:      Teacher:         eaction/Treatment Needed:         Sizes         ***Indicate if Youth or A         Jeans         Underwear         Wish List	Age:	
Coat       1.       3.       3.       Other Information (H       Child's Name:       School:       Allergies:       In       Shirt       Coat	Shoes Shoes Shoes Shoes Shoes Shoes Shoes Shoes	Underwear         Wish List         2.         4.         4.         Interests, etc.):         rade:         Teacher:         rade:         Teacher:         Sizes         ***Indicate if Youth or A         Jeans         Underwear	Age:	