



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 9th 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 swac@johnsoncitytn.org, 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 DOES NOT 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. Ineligible items 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: _____ Grade: _____ Teacher: _____
Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____
3. _____ 4. _____

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

2. Child's Name: _____ Gender: _____ Age: _____
School: _____ Grade: _____ Teacher: _____
Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____
3. _____ 4. _____

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

3. Child's Name: _____ Gender: _____ Age: _____
School: _____ Grade: _____ Teacher: _____
Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____
3. _____ 4. _____

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

4. Child's Name: _____ Gender: _____ Age: _____
School: _____ Grade: _____ Teacher: _____
Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____

3. _____ 4. _____

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

5. Child's Name: _____ Gender: _____ Age: _____
School: _____ Grade: _____ Teacher: _____
Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____

3. _____ 4. _____

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

6. Child's Name: _____ Gender: _____ Age: _____
School: _____ Grade: _____ Teacher: _____
Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____

3. _____ 4. _____

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

7. Child's Name: _____ Gender: _____ Age: _____
 School: _____ Grade: _____ Teacher: _____
 Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____
 3. _____ 4. _____

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

8. Child's Name: _____ Gender: _____ Age: _____
 School: _____ Grade: _____ Teacher: _____
 Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____
 3. _____ 4. _____

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

9. Child's Name: _____ Gender: _____ Age: _____
 School: _____ Grade: _____ Teacher: _____
 Allergies: _____ Reaction/Treatment Needed: _____

Information & Clothing Sizes ***Indicate if Youth or Adult Sizes***

Shirt		Pants		Jeans		Pajamas	
Coat		Shoes		Underwear			

Wish List

1. _____ 2. _____
 3. _____ 4. _____

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