

**HAMPTON COMMONWEALTH'S ATTORNEY'S OFFICE  
JUNIOR COMMONWEALTH'S ATTORNEY PROGRAM (J-CAP)  
PROGRAM APPLICATION**

*Applications must be completed and signed.  
All participants must be rising 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> graders in the Hampton City Schools  
and a resident of the city of Hampton*

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Apt # City, State Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: (will be adult sizes) (Circle One) S M L XL 2XL

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies and Medications: \_\_\_\_\_

How did you hear about the J-CAP program and why do you want to attend? \_\_\_\_\_

Why are you interested in the J-CAP program? What do you hope to learn by attending?  
(Please add additional sheets, as necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PLEASE SIGN AND DATE APPLICATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HAMPTON COMMONWEALTH ATTORNEY'S OFFICE  
JUNIOR COMMONWEALTH ATTORNEY PROGRAM (J-CAP)  
PROGRAM RULES**

1. All participants must complete an application and submit it along with the parental permission form.
2. All participants must be on time every day. If you are going to be more than 15 minutes late, please contact Ms. Brown at 757-728-3059 or 757-810-6741.
3. Except for sickness and emergencies, participants should not be absent from any of the sessions. Absence from more than one complete date of session, will prevent the participant from graduating.
4. All participants are expected to dress in appropriate attire. Please see attached guidelines.
5. Participants shall not have any type of weapon on their person and in their property at any time during the program.
6. All participants shall act in a respectful and courteous manner to program facilitators, judges, attorneys, officers, civilians, and other program participants. Profanity and disrespect towards anyone will not be tolerated.
7. Participants will not take photos during class.
8. Cell phones will not be allowed during any session and must remain off during the time the program is in session. If cell phones are needed for emergency use, please communicate with program facilitators at the start of each day. Cell phones will be collected at the beginning of the day and will be returned at the end of the day.
9. Gang symbols, paraphernalia (bandanas, beads, etc.) will not be tolerated. Displaying gang signs or symbols will result in the student being asked to immediately leave the program.
10. All participants must attend the graduation ceremony at the end of the program. Parent/Guardians are strongly encouraged to attend.

**FAILURE TO FOLLOW THE PROGRAM RULES MAY RESULT IN YOUR DISMISSAL.**

I, \_\_\_\_\_, agree to participate in the J-CAP program and adhere to the above mentioned program rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I would like my name to appear on my certificate as follows: (please print clearly)

\_\_\_\_\_

First Name

Middle Name or Initial

Last Name

**HAMPTON COMMONWEALTH'S ATTORNEY'S OFFICE  
JUNIOR COMMONWEALTH'S ATTORNEY PROGRAM (J-CAP)  
PERMISSION FORM**

I hereby give consent to the Hampton Commonwealth's Attorney's Office for my child to participate in the Junior Commonwealth's Attorney Program. I understand that my child will be under the supervision of designated employees from the participating agency. \_\_\_\_\_

Parent/guardian initials

As a parent or legal guardian, I am responsible for providing transportation for my child to and from the program location. I understand my child may be removed from the program if on more than two occasions he/she is not picked up promptly. \_\_\_\_\_

Parent/guardian initials

I understand that if my child has a health history of which the instructors need to be aware, it is my responsibility as a parent to provide that information. I further give permission for any licensed physician or hospital to secure proper treatment for my child if an emergency occurs. \_\_\_\_\_

Parent/guardian initials

I understand and agree that during the course of the program, students may be photographed for use on the Commonwealth's Attorney web and social media sites to promote and publicize this program. I give permission to the city of Hampton and its agents to use, publish, print, or release the likeness, picture, photograph, voice, and name of me and my children related to the J-CAP program. \_\_\_\_\_

Parent/guardian initials

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**PLEASE PROVIDE EMERGENCY CONTACT INFORMATION BELOW:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_



**HAMPTON COMMONWEALTH'S ATTORNEY'S OFFICE  
JUNIOR COMMONWEALTH'S ATTORNEY PROGRAM (J-CAP)  
STUDENT DRESS CODE**

Students who participate in the Junior Commonwealth Attorney Program must adhere to the following dress code. Please be aware that you will be asked to leave if you present to the program in attire that is not suitable for the program.

**1. Pants/Shorts/Skirts:**

Pants must fit the student and not sag below the student's hips. Pants must not be loose where the student would need to hold them in place.

Shorts are not allowed.

No skirts or mini-skirts allowed.

Khaki or dress pants with a belt must be worn with the J-CAP shirt for the graduation ceremony.

**2. Tops/T-Shirts:**

Tops: No tops that expose the midriff or naval are allowed. No underwear worn as outerwear. No tank tops, halter tops, tube tops, fishnet tops, off the shoulder, or strapless tops.

T-Shirts; No violent obscene themes or sexually suggestive/offensive designs are allowed. No shirts that glorify or promote drug use, gangs, alcohol are allowed. No messages that contain profanity or are disrespectful to any race, religion, culture, or country.

**3. Shoes:**

Please wear comfortable shoes. Please refrain from wearing shoes that are difficult to move in or shoes that may pose a safety hazard. No wedge sandals or flip-flops are allowed.

**4. Jewelry**

Please refrain from wearing jewelry that can be considered gang affiliated. (Beads, etc.) No jewelry that makes excessive noise that would be a distraction.

*Please remember that we are trying to foster a mutual respect with this program, therefore clothing that is extreme or draws undue attention is inappropriate. If there is an article of clothing that you are not sure of, please do not wear it. As stated above, if you wear an article of clothing that is deemed inappropriate, you will be asked to leave. If you have any questions/concerns about what to wear, please see a Program Coordinator. Please understand that there is a dress code in the offices that you will be visiting that the*

employees must adhere to and the J-CAP program must be mindful of. This dress code is not intended to prevent your self-expression.

**HAMPTON COMMONWEALTH'S ATTORNEY'S OFFICE  
JUNIOR COMMONWEALTH'S ATTORNEY PROGRAM (J-CAP)  
PARENTAL FORMS**

**EMERGENCY AUTHORIZATION**

I hereby authorize any J-CAP Coordinator to maintain and administer any prescribed medications for my child:

\_\_\_\_\_ (child's name) during the J-CAP Program. I hereby give consent and permission for any licensed physician to hospitalize and secure proper treatment for my child (named above) in the event of an emergency.

***I understand that if my child has a health history or is taking any prescribed medication, it is my sole responsibility to provide that information and instructions to the Program Coordinators.***

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**WAIVER OF CIVIL LIABILITY**

I hereby waive any and all claims and demands of any nature which I have or may have hereinafter acquire against the City of Hampton, its officers, the J-CAP coordinators, or any other agency associated with the J-CAP Program as a result of my permission for my child's participation in the J-CAP Program on the dates and time specified. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the Program Coordinators in connection with this program.

***I understand that as a parent or guardian, I am required to provide transportation for my child to and from the program and that I will pick up my child promptly at 3:00pm. I further understand that if other arrangements are needed, I must provide that to the Program Coordinator in writing.***

This waiver is effective for the duration of the J-CAP Program.

\_\_\_\_\_ (child's name)

\_\_\_\_\_ (Parent/Guardian Printed Name)

\_\_\_\_\_ (Parent/Guardian Signature)

\_\_\_\_\_ Date