### 2021 SHOP WITH A COP APPLICATION

**APPLICATION DEADLINE: FRIDAY, NOVEMBER 19, 2021** 

The Quakertown Police Shop with a Cop Program is designed to afford local families a better holiday. The 11<sup>th</sup> Annual Shop with a Cop will take place on Thursday, December 9 from 5pm-9pm at the Quakertown Walmart. Eligible families must submit their application at Borough Hall to participate in the program. Incomplete applications will not be reviewed. It is the responsibility of the applicant to make sure the application is complete.

#### **APPLICATION PROCESS/GUIDELINES**

Applications must be submitted to Borough Hall (35 N. Third Street, Quakertown, Attn: Ashton Miller) or emailed to <a href="mailer@quakertown.org">amiller@quakertown.org</a>. Applications will be reviewed by the Shop with a Cop Committee. Applicants will be notified of the status of their application. Copies of the application and wish lists can be found at Quakertown.org/SWAC

#### **ELIGIBILITY**

Eligible applicants must be from the Greater Quakertown School Districts or referred to the program by a partnering Police Department. Children must be 5-13 years of age. Eligible families have been faced with a life challenge such as loss of job, homelessness, health issues, military deployment, economic shortcomings or other hardship.

#### **REQUIRED DOCUMENTS**

- 1. Completed two page application
- 2. Signed Release Waiver
- 3. Wish list for each child in the household ages 5-13

CONTACT INFORMATION Ple					
Name:	ame: School District:				
Address:					
Please select the Police Depa	rtment that serves your jurisdict	ion:			
<ul> <li>Quakertown Borough</li> <li>Bedminster Township</li> <li>Dublin Borough</li> <li>Hilltown Township</li> </ul> Cell Phone:	<ul> <li>Marlborough Township</li> <li>Newtown Township</li> <li>PA State Police</li> <li>Pennridge Regional</li> </ul>	<ul> <li>Perkasie Borough</li> <li>Richland Township</li> <li>Springfield Township</li> <li>Upper Saucon Township</li> <li>Email Address:</li> </ul>	<ul><li>Warwick Township</li><li>Other:</li></ul>		
Best Method of Contact:		Spoken Language: English	Spanish		
Place of Employment:	Occu	pation:			

#### LIST OF ALL CHILDREN IN HOUSEHOLD:

Last Name	First Name	D.O.B.	Age	Gender	Relationship	School



**Borough of Quakertown Police Department** 

35 North Third Street, Quakertown, PA 18951 215-536-5002

Scott C. McElree, Chief of Police

PLEASE CHECK ALL THAT AP	PLIES:					
<ul> <li>Loss of employment</li> </ul>	for parent/guardian					
<ul> <li>Military Family</li> </ul>						
<ul> <li>Parent/Guardian/Sibling health issues</li> </ul>						
<ul><li>Foster Care / Adopti</li></ul>	_					
<ul> <li>Homelessness</li> </ul>						
<ul> <li>Incarceration of pare</li> </ul>	ent/guardian					
•	If checked, please provide a co	ppy of your 2020 Federal Incom	ne Tax Form 1040			
•						
HAVE YOU PARTICIPATED IN	I SHOP WITH A COP IN THE PA	<b>ST?</b> Yes No				
	TO THE PROGRAM BY A PARTN	<del></del>	? Yes No			
	E SHOP WITH A COP PROGRAM					
Quakertown Borough	<ul> <li>Marlborough Township</li> </ul>	Perkasie Borough	Warwick Township			
Bedminster Township     Dublic Baranch	Newtown Township     Newton Police	Richland Township     Saminafield Township	o Other:			
	PA State Police     Pannidge Regional					
O Hillown Township	<ul> <li>Pennridge Regional</li> </ul>	O Opper Saucon Township				
HAVE YOU APPLIED FOR AS: If yes, what programs have y	SISTANCE FROM OTHER HOLID you applied for?	AY HELP PROGRAMS?	Yes No			
PLEASE CHECK ALL OTHER A	SSISTANCE YOU RECEIVE: _Apple Child CareLIHI	EAPOther:				
SPECIAL CIRCUMSTANCES/0						
I certify that the information	n on this application is true an	d complete to the best of my	knowledge.			
-			-			
Signature:		te:				
For Borough Use Only:						
Assistance Appro	oved	Number of Children Approve	d			
Assistance Denie			-			
Assistance Delile	u					

Reason Denied: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# QUAKERTOWN BOROUGH POLICE DEPARTMENT IN PARTNERSHIP WITH SURROUNDING LAW ENFORCEMENT AGENCIES PARTICIPANT RELEASE, DISCHARGE, WAIVER AND COVENANT NOT TO SUE

Release from liability and covenant not to sue. Each Participant and his/her parent or guardian agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin and assigns, to release and discharge the Program (Quakertown Borough, Quakertown Police Department, Richland Township, Richland Township Police Department, sponsors, and promoters of any and all programs or any part thereof and each of their respective parents, subsidiaries, partnerships, stockholders, owners, governors, partners and other affiliates, and each officer, director, governor, shareholder, employee, other official, representative and agent of each of the foregoing, and all of the foregoing's respective successors and assigns), from, and waive in respect of each and covenant not to sue any for, any and all liabilities, losses, damages, costs, expenses (including but not limited to attorneys' fees and expenses), causes of action, suits and claims of any nature whatsoever, arising from, based upon or relating to personal injury or death to, or damage to or loss of property of, the Participant or his/her parent or guardian sustained in connection with the Participant's participation in the program or travel to or from the program's center. Such release, discharge, waiver and covenant not to sue shall include, but not be limited to, any and all such liabilities cause in whole or in part by the negligence of any in connection with such involvement with the program.

Participant assumes Risk. Each Participant and his/her parent or guardian is aware of and understands the inherent risks and dangers, and the potential for injury that exists when participating in such activities with the program, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the Participant arising from, based upon or relating to Participant's participation in the program. Such assumption of risk includes, but is not limited to, any personal injury or death, or damage to or loss of property, arising from, based upon or relating to the lack of skill of any participant, the improper conduct of any Participant and the acts or omissions of any supervisory person involved with program, and any personal injury or death, or damage to or loss of property, caused in whole or in part by the negligence of any affiliate of the Program. Each Participant and his/her parent or guardian understands and agrees that, in the event of any injury to Participant, the Program will not be responsible for any decisions relating to medical treatment for Participant nor for such treatment as may be required.

<u>Right of Publicity.</u> Participation in the program shall constitute permission to use the name, likeness or any other identification of the Participant for advertising, publicity, instructional or any other purposes in connection with the program, without compensation to or right of prior review or approval by the Participant or his/her parent or guardian. Participant and his/her parent or guardian agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin and assigns, to release, discharge, and not to sue the Program, from any and all liabilities arising from, based upon or relating to any claim for invasion of privacy, violation of right of publicity, defamation or appropriation, or any similar claim, in connection with any such use. This also includes that the child will or could be photographed for the purpose of this Program.

<u>Representations.</u> By signing below, each Participant and his/her parent or guardian states that he/she understands and agrees to the above and that the Participant is in good physical and mental condition, to participate in the program and is not subject to any medical condition that poses or may pose any risk or harm or disability to others.

Name of Participant	Name of Participant	
Name of Participant	Name of Participant	
Name of Participant	Name of Participant	
Parent or Guardian Name (Please print)		
Parent or Guardian Signature (Please sign)		



Scott C. McElree, Chief of Police

## **SHOP WITH A COP WISH LIST**

A SEPARATE WISH LIST MUST BE SUBMITTED FOR EACH CHILD BETWEEN AGES 5-13.

Additional Wish List Forms can be found at Quakertown.org/SWAC

CHILD'S NAME:	AGE:	
CHILD'S MAILING ADDRESS:		
CHILD'S WISH LIST:		
WISHLIST FOR SIBLINGS AND GUARDIANS:		
COAT SIZE: PANT SIZE:	SHIRT SIZE: SHOE SIZE:	
FOR BOROUGH USE ONLY:		
GUARDIAN DROPPING OFF CHILD:		
PHONE NUMBER:		
MY OFFICERS NAME/DEPARTMENT:		