



Prospective Campers,

Welcome to the F1RST Forensic Summer Camp. Following your acceptance, you can look forward to five days of hands-on experience learning from real professionals in the classroom and in the field. Over the course of five days, you will participate in an intensive program designed to teach you the basics of forensic anthropology, human remains detector dogs (HRDD), crime scene investigation, courtroom testimony, and unmanned aircraft systems (UAS) (e.g., drones).

Day one will cover basic human anatomy and how to differentiate human from nonhuman bones. In day two, students will learn how to conduct a forensic archaeological dig in order to recover skeletonized remains<sup>1</sup>. Day three consists of an introduction to drones, their ability to assist in mapping outdoor crime scenes, as well as a demonstration. The latter part of day three will highlight forensic photography and courtroom testimony. Day four covers an introduction to human remains detector dogs and how they can assist in locating a buried body or surface remains. The second part of day four will cover basic crime scene investigation techniques. On the final day, students will have an opportunity to present their field recovery findings to the rest of the camp.

In order to be accepted into the F1RST Forensic Summer Camp, students must be in high school, between the ages of 15-18, complete an application to include a 500-word essay on why they want to participate, and a letter of recommendation from a teacher. In addition, students will be expected to handle and work in outdoor Florida summer weather conditions. Although we will provide a shaded area with water, students should prepare to be outside in the elements each day of the camp. Sunscreen, pants, closed toed shoes, and hats are recommended.

We're excited you have chosen to explore a career in forensics and hope we can help you achieve your goal as a future forensic scientist.

Sincerely,

A handwritten signature in cursive script that reads 'Austin Polonitza'.

Austin Polonitza, M.S.  
F1RST Forensic Science Administrator

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<sup>1</sup> The skeletonized remains used during camp are plastic casts representing human skeletal remains. In doing so, we are removing the risk of working with biohazardous waste and susceptibility to illness or blood borne pathogens.

# F1RST CAMP RULES

*SHERIFF, CHRIS NOCCO*

The F1RST Forensic Summer Camp is an exceptional educational event, where there is an expectation that student participants will dress and behave appropriately. Please keep in mind that you will be representing yourself, your school, F1RST, and the Pasco Sheriff's Office.

Positive behavior is a key expectation in our summer camp. In addition, we expect appropriate behavior that is reflective of a safe and secure environment for all.

Student participants are expected to follow all the workshops and event guidelines.

Furthermore, by signing this application, you are agreeing to always comply with all F1RST personnel, law enforcement, advisor, and/or instructor direction. Theft, the use of illegal drugs and alcohol, inappropriate or threatening behavior that violates the rights of others and other such offenses are strictly prohibited and will lead to immediate dismissal from the program. Student participants are not permitted to use tobacco in any form. If it is determined by an Advisor that such behavior has occurred, student participants will be dismissed from the program and asked to leave. In the event of a dismissal pursuant to this section, participants and their parent/guardian forfeit any and all payment made to F1RST. There will be no partial or full refunds.

## ALL STUDENT PARTICIPANTS SHALL:

- Actively involve themselves in all sessions and attend the entire event.
- Wear name badges visible at all times.
- Treat all areas of the camp facility (e.g., training rooms, restrooms, vehicles, dining area and outdoor areas) with respect. **All student participants should pick up after themselves.**
- Be responsible for your own belongings. Valuables, such as expensive jewelry and electronic devices, should be left at home. F1RST and/or Pasco Sheriff's Office is not responsible for any lost or missing items.
- Handle all equipment with care.
- Not engage in inappropriate sexual behavior, including intimate physical/sexual contact. Such contact or attempt at such contact is strictly forbidden, along with discrimination on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Additionally, vulgar language will not be tolerated (e.g., swearing).

- Not be allowed to use cameras and other digital recording devices during camp sessions and tours unless otherwise authorized.
- Report accidents or injury immediately to the program coordinator or nearest Advisor.

Dress:

- All student participants shall wear a t-shirt or polo shirts, pants or jeans, and closed toes shoes at all times.
- Unacceptable attire includes clothing that:
  - Exposes undergarments or excessively exposes the body (such as cropped, low-cut or extremely tight shirts, tube tops, short-shorts, excessively baggy or extreme low-rise pants).
  - Conveys a violent, offensive, obscene message or image.
  - Promotes use of an illegal substance.

What to Bring:

- Sweater or light jacket for air-conditioned buildings.
- Raincoat/umbrella/rubber boots
- Sunscreen
- Hat
- Closed toe shoes

# APPLICATION FOR F1RST CAMP

*SHERIFF, CHRIS NOCCO*

Application must be typewritten or printed legibly in ink. All sections questions must be completed. If a section is not applicable, indicate "N/A". Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, write remarks on a separate sheet of paper with the page number the answers correspond with.

**\*PERSONAL INFORMATION\***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SUBDIVISON: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

**IN LIEU OF LICENSE OR PERMIT, MUST BE ABLE TO PROVIDE RECENT PHOTO**

**\*EDUCATION\***

CURRENT SCHOOL ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

List the last two schools you attended. Start with the most recent.

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

# PERSONAL DATA

*SHERIFF, CHRIS NOCCO*

## **\*SPECIAL ABILITIES/HOBBIES/INTERESTS/CLUBS**

List any special abilities, hobbies, interests, and/or clubs you belong to:

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## **\*PHYSICAL DATA\***

Please list any food allergies:

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Do you have any physical disabilities, which would preclude participation in any indoor or outdoor laboratory activities? If yes, describe:

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In compliance with the Americans with Disabilities Act (ADA), FIRST's Forensic Summer Camp makes every reasonable effort to accommodate persons with disabilities. If you require any special services or accommodations because of disability, please email Austin Polonitza at [apolonitza@pascosheriff.org](mailto:apolonitza@pascosheriff.org) upon completion of your application packet.

## **\*EMERGENCY NOTIFICATION\***

Provide the name, address, and telephone number of at least two family members or responsible family friends that can be notified in the event of an emergency.

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**\*APPLICANT CERTIFICATION\***

I, THE UNDERSIGNED APPLICANT, UNDERSTAND THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE A BASIS FOR TERMINATION IN THE FIRST FORENSIC SUMMER CAMP. I AGREE TO THESE CONDITIONS AND HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THIS FORM BECOMES THE PROPERTY OF FLORIDA'S FORENSIC INSTITUTE FOR RESEARCH, SECURITY, AND TACTICS UPON SUBMISSION.

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SIGNATURE OF APPLICANT

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DATE

# CONSENT FOR MEDICAL TREATMENT

*SHERIFF, CHRIS NOCCO*

I, \_\_\_\_\_, who is a student participant of the F1RST Forensic Summer Camp, do hereby assume all financial responsibility for any medical bill incurred resulting from sickness or injury at a F1RST Forensic Summer Camp related activity or event. I do hereby authorize the Advisor or Designee to have me treated at any medical facility for any medical emergency or emergency surgery which might occur while I am at a F1RST Forensic Summer Camp related activity or event.

PARTICIPANT'S NAME: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

PARTICIPANT'S ADDRESS: \_\_\_\_\_

PARTICIPANT'S PHONE NUMBER: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**

<b>PERSONAL INFORMATION</b>		
First Name	Last Name	Birth Date
<b>EMERGENCY CONTACT INFORMATION</b>		
Emergency Contact Name	Phone	
<b>WAIVER &amp; RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNIFICATION</b>		

In consideration for being allowed to participate in Florida’s Forensic Institute for Research, Security, and Tactics (FIRST) Forensic Summer Camp (hereinafter “Activities”) including, but not limited to, ride alongs with the Pasco Sheriff’s Office, field recoveries, drone collision and/or propeller contact, traveling to and/or from any FIRST Activity, and any other FIRST related activities, I, the undersigned, fully understand, acknowledge and agree that: (1) The risk of injury and/or death involved in Activities and related events involves risks of serious bodily injury, including permanent disability, paralysis and death, including, but not limited to, (i) sprains; (ii) strains; (iii) fractures and broken bones; (iv) weather related injuries; (v) over-use syndrome; (vi) animal bites, tick bites, and stings; (vii) contact with poisonous plants; (viii) accidents involving climbing, hiking, running, or other obstacles; (ix) injury resulting from falls, contact with other student participants, weather, traffic and conditions of the road & course; (x) potential for permanent paralysis and/or death; (xi) motor vehicle accidents (2) I FREELY ASSUME AND KNOWINGLY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION. (3) If I observe any unusual and/or significant hazard during my participation, I will remove myself from participation and bring such hazard to the attention to the nearest advisor. (4) I, for myself and on behalf of my heirs, assigns, personal representatives, and/or next of kin, forever and knowingly WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Pasco Sheriff’s Office, their officers, directors, representatives, volunteers, officials, agents and/or employees, subsidiaries, and/or assigns; the Pasco Sheriff’s Office Charities, their officers, directors, representatives, agents, and/or volunteers; and owners and lessors of the premises used to conduct an event (“Releasees”). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, AND/OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS RELEASEES FROM ANY AND ALL LOSS, LIABILITY, CLAIM, COST, OR DAMAGE ARISING FROM MY PARTICIPATION IN THE EVENT AND ASSOCIATED ACTIVITIES. (5) I verify that I am free from all illnesses, injuries and defects and I am in good physical condition to participate in all FIRST Activities. My participation in FIRST Activities is entirely voluntary. (6) I consent to the administration of first aid and/or other medical treatment in the event of injury or illness and hereby release and indemnify Releasees from any and all liability or claims resulting and/or arising from any such treatment. (7) I agree to obey at all times all instructions, orders, and commands given by the sworn deputies, law enforcement officials, or FIRST Advisor in command of a vehicle or activity in which I may be riding or participating in. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations may arise that may result in being exposed to physical harm or injury.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT, and understand that I have given up all these rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# WAIVER/RELEASE OF IMAGES

*SHERIFF, CHRIS NOCCO*

I hereby grant the Pasco Sheriff's Office, Florida's Forensic Institute for Research, Security, and Tactics (FIRST), and the Pasco Sheriff's Office Charities permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or any other consideration. I understand and agree any/all photos will become the property of FIRST and will not be returned.

I hereby irrevocably authorize the Pasco Sheriff's Office, Florida's Forensic Institute for Research, Security, and Tactics (FIRST), and the Pasco Sheriff's Office Charities to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or any other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Pasco Sheriff's Office, Florida's Forensic Institute for Research, Security, and Tactics (FIRST), and the Pasco Sheriff's Office Charities from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

PARTICIPANT'S NAME \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_