

# PINELLAS COUNTY SHERIFF'S OFFICE

## Juvenile Delinquency Prevention

### "On Track" Program

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*Leading The Way To A Safer Pinellas*



JIM COATS  
SHERIFF



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SHERIFF

**"On Track"** is an early intervention program that will provide guidance in an intensive and structured environment. The program will serve at risk youth, both male and female, who reside in Pinellas County and are between the ages of seven and seventeen years old. This is an educational style program based on proven practices that requires parental involvement, physical education, curricular education and family/individual counseling. We provide families with six months of follow-up, case management, and referral to other valuable family resources available throughout Pinellas County.

This alternative is offered free to families that reside in Pinellas County. Should you decide to place your child in this program, please complete this application and mail it to: **PCSO "On Track" Program, 14500 49<sup>th</sup> Street North, Box 130, Clearwater, FL 33762.** If you have any questions or need further assistance please call our office at **(727) 464-6725.**

**PROGRAM OVERVIEW:** The three main components of the 'On Track' Program includes a one hour family orientation, the program will be scheduled once a month and will occur on a Saturday for part (1) of the 8 hour day prevention, part (2) will be two weeks after the initial day, and six months of continuous case-management/follow-up, all of which are required in order to successfully complete this program.

**NOTE: During the (8) hour day lunch will be provided.**

#### **THE YOUTH WILL:**

- ✓ **Give 100% participation.** This is mandatory in order to complete the program.
- ✓ Fully participate in all **ACTIVITIES**, i.e., team building, assignments, workshops instructed by the Deputies.
- ✓ Youth must participate in all **DRUG/ALCOHOL/TOBACCO** awareness programs.
- ✓ Youth will be exposed to **LAW RELATED EDUCATION, ANGER MANAGEMENT, VIOLENCE PREVENTION, DISCIPLINE/RESPECT, MOTIVATION, FAMILY AND INDIVIDUAL COUNSELING, SELF-ESTEEM & RESPONSIBILITY.**

**“On Track” Program  
PERSONAL HISTORY  
QUESTIONNAIRE – PART 1**

(PLEASE PRINT)

Full Name:  Gender:  DOB:  Social security No:

Age:  Race:  Current/Previous School:  Grade:

Who does the child reside with?

Are the parents: Married  Separated  Single  Divorced  Widowed

Referred by:

Mother's Full Name:  Social Security No:  Phone Number(s)

Address:  City:  St:  Zip:

Father's Full Name:  Social Security No:  Phone Number(s)

Address:  City:  St:  Zip:

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**EMERGENCY CONTACTS**

First Contact's Full Name:  Phone Numbers:  Relationship

Address:  City:  St:  Zip:

Second Contact's Full Name:  Phone Numbers:  Relationship

Address:  City:  St:  Zip:

**QUESTIONNAIRE – PART 2**

**(PLEASE PRINT)**

**Full Name:**

**Gender:**

**DOB:**

**Social security No:**

**Parent/Guardian's Full Name:**

**Please check each risk factor that applies to your child:**

- Youth is a sibling of a CJJ youth or has had family members involved in the criminal justice system.
- Youth resides in or adjacent to a high crime neighborhood.
- Youth comes from a single parent home.
- Youth is habitually truant.
- Youth has school discipline problems.
- Youth has a prior delinquent history.
- Youth has dependency or child abuse history.
- Youth performs below grade level.
- Youth has substance abuse or mental health problems.
- Youth has been served in CINS/FINS programs.

**In order to know your child's behavior history better, we would like you to answer the following questions:**

**1. Does your child have:**

- |                        |     |                          |    |                          |
|------------------------|-----|--------------------------|----|--------------------------|
| a. Asthma              | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| b. Heart Condition     | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| c. High Blood Pressure | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| d. Seizures            | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| e. Allergies           | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| f. Other               | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| g.                     |     |                          |    |                          |

**If you checked other above, please explain:**

3. Has your child ever shown signs of violence towards peers or adults? YES  NO

4. Has your child ever been arrested? YES  NO

If yes, what were the charges and when?

5. Does your child smoke cigarettes? YES  NO

6. Do you suspect or know if your child is drinking alcohol or using drugs?

YES  NO  If yes, please explain:

7. Is your child involved in any criminal street gangs? YES  NO

8. What school does he/she attend?

9. What kind of grades does your child make in school?

Mostly A's  Mostly B's  Mostly C's  Mostly D's  Mostly F's

10. What is your child's behavior at school?

11. Has your child ever been suspended from school? YES  NO

If yes, please elaborate?

12. What kind of activities does your child do in his/her spare time?

**GENERAL RELEASE OF ALL CLAIMS**

THIS AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, a minor, and the Pinellas County Sheriff's Office, JIM COATS, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, is a release whereby the parent and/or guardian extinguishes his/her rights and claims against the Pinellas County Sheriff's Office, JIM COATS, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents as herein set forth below.

NOW, THEREFORE, in consideration of the Pinellas County Sheriff's Office, JIM COATS, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, permitting \_\_\_\_\_, a minor child, to participate in the Pinellas County Sheriff's Office "On Track" Program, which includes physical training (See Attachment "A"), the parent and/or guardian does agree as follows:

1. The parent and/or guardian hereby fully releases and discharges the Pinellas County Sheriff's Office, JIM COATS, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, their successors, heirs, executors, administrators and assigns, from all rights, claims and damages, including death, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever which parent and/or guardian may have against the Pinellas County Sheriff's Office, JIM COATS, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, and the above-named successors arising out of the use or participation in the above activity.

2. This Release is intended by the parties to release all claims for injuries, including death, damages, or loss of any kind whatsoever to the minor child, his/her person or property, real or personal, whether known, unknown, foreseen or unforeseen, which parent and/or guardian may have against the Pinellas County Sheriff's Office, JIM COATS, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, including but not limited to, those occasioned by the negligent acts or omissions of the Pinellas County Sheriff's Office, JIM COATS, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents. Parent and/or guardian understands and acknowledges the significance and consequences for such specific intention to release all claims and does hereby assume full responsibility for any and all injuries, including death, damages, and/or losses that the minor child may incur from the use or participation in the above-mentioned activity.

3. In signing this document I acknowledge that I have been informed and warned that there are certain hazards intrinsic to the above activity including, but not limited to, personal injury and death. Being informed of and recognizing all such hazards and risks; I nonetheless consent and agree to the terms of the informed consent and general release.

4. In signing this document I understand that I am releasing or giving up certain potential legal rights and I further acknowledge that I have been advised that I may wish to seek the advice of legal counsel prior to signing this document. Being so informed, I knowingly and voluntarily execute this release and waiver.

5. Parent and/or guardian acknowledges he/she is not aware of any medical reason that would prohibit the minor child named above from participating in all aspects of the On-Track Program

THIS RELEASE IS FREELY AND VOLUNTARILY EXECUTED BY SAID PARENT AND/OR GUARDIAN AND ACKNOWLEDGES THAT HE/SHE IS WAIVING AND GIVING UP CERTAIN RIGHTS FOR HIMSELF/HERSELF. SAID PARENT AND/OR GUARDIAN FURTHER ACKNOWLEDGES THAT HE/SHE HAS READ THIS DOCUMENT AND IS FULLY AWARE OF THE CONSEQUENCES THEREOF.

\_\_\_\_\_  
Parent and/or Guardian

STATE OF FLORIDA )  
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, a minor, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public  
Title

\_\_\_\_\_  
Type, Print, Stamp Name

\_\_\_\_\_  
Serial No.

My commission expires:

General Release of All Claims – “On Track” Program

