



Gloucester County Sheriff's Office

7502 Justice Dr., Gloucester VA 23061
swac@gloucesterva.info

2021 Shop with a Cop Application

Eligibility & Requirements:

- Children must be between the ages of 4-17
- Children's primary physical address must be in Gloucester County
- Applications must be submitted no later than November 12, 2021
- Child must be available to shop on December 11, 2021

Child Information:

Child's Name: _____ Age ___ M ___ F ___ School _____

Child's Name: _____ Age ___ M ___ F ___ School _____

Child's Name: _____ Age ___ M ___ F ___ School _____

Child's Name: _____ Age ___ M ___ F ___ School _____

Name of Responsible Party: _____

Relationship to Child: Parent ___ Foster Parent ___ Legal Guardian ___ Other _____

Address: _____ City: _____

Phone Number: _____

Number living in your household: Adults _____ Children: _____

Who Referred you to the Shop with a Cop Program? _____

Has Applicant(s) ever been selected for Shop with a Cop in the past? No ___ Yes ___

If yes, when? _____

If selected, would you allow photos to be taken of your child while shopping for any media release? No ___ Yes ___

What is the name and date of birth of the adult who would accompany the child on the annual shopping day at Wal-Mart? _____

Is that person presently banned from Wal-Mart? No ___ Yes ___

*All persons accompanying child to Wal-Mart will be verified

What is the reason you are seeking our assistance? Please Check all that Apply:

___ Loss of Employment for parent/guardian

___ Recent loss of a loved one that has caused a financial hardship

___ Immediate household family member is in poor health causing financial hardship

___ Foster Care / Adoption

___ Homelessness

___ Incarceration of parent / guardian that has caused a financial hardship

___ Other financial hardship – If checked, please briefly describe the circumstances below

Are you Presently Working? No ___ Yes ___ Employer _____

If no, please list reason for not working: _____

Total Household Income: \$0-\$9,999 ___ \$10,000-\$19,999 ___ \$20,000-\$29,999 ___
\$30,000-\$39,999 ___ \$40,000-\$49,999 ___ Over \$50,000 ___

Please check all Government/Private assistance you receive: Child Support ___

Alimony ___ Social Security ___ TANF ___ SNAP ___ Other _____

Will this Child be Receiving Assistance for Christmas elsewhere? No ___ Yes ___

If yes, with whom? _____

Have you Applied for any other Christmas Assistance? No ___ Yes ___

If yes, with whom? _____

Please use the space below to tell us why your child(ren) should be chosen for the 2021 Shop with a Cop program:

Release, Waiver and Covenant not to Sue:

I understand that completion of this application is not a guarantee of participation with the Shop with a Cop program. I will be notified by November 30, 2021, if my child has been chosen. I am aware I may not receive a phone call if my child’s application is not selected. I am aware that my child(ren) must be available to shop on **December 11, 2021, arriving promptly by 8:30am**. I am aware that no more than one parent or guardian may accompany each child while shopping during the event.

I give permission for the Gloucester County Shop with a Cop directors and agents to make inquires with other organizations about assistance I am currently receiving. I also agree that Shop with a Cop representatives may contact any entity they deem necessary and proper for the processing and verification of this application and absolve them of any liability by releasing information pertaining to me and my family or our financial situation. I understand that falsifying any portion of this application would result in non-acceptance into the program.

Any item purchased through the Shop with a Cop program may not be returned or exchanged unless authorized by the Shop with a Cop Chairman. Furthermore, any attempt to convert items purchased through the event without written consent from the Chairman may result in a criminal investigation and possible prosecution.

I hereby absolve and agree to indemnity and hold harmless Shop with a Cop, Inc., and Gloucester Wal-Mart Store #1759 and all their agents, directors, and employees of any and all liability for any loss or damage to my personal property, or for any injury sustained by myself or dependent children or other person associated with participation in the December 11, 2021 event.

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 affected by any medical condition that poses or may pose a risk of harm or disability to others. The person signing below agrees that should any named child or accompanying adult exhibit any signs or symptoms associated with COVID-19, including fever, cough, sore throat, shortness of breath, loss of taste or smell, or who knowingly has had a recent exposure to someone who tested positive for COVID-19, they will notify Shop with a Cop, Inc. promptly and follow any instructions given.

The person signing this waiver below asserts to Shop with a Cop, Inc. that they are the parent or legal guardian of all child applicants named in this application.

Parent or Guardian (please print)

Date

Parent or Guardian (please sign)

Witness (please sign)

Shop With a Cop Use Only

Approved: Yes ___ No ___

Date Applicant Notified: _____

Reason for Denial: _____

Notes: _____
