

# HARVEY POLICE DEPARTMENT

15301 DIXIE HIGHWAY  
HARVEY, ILLINOIS 60426

NON-EMERGENCY  
(708) 331-3030



To: City of Harvey Community Stakeholders

Fr: Detective E. Armstrong

Re: Intervention/Mentoring & Life Skills Program

The **HEROES 4 HARVEY** Program was developed in 2012, in an effort for The Harvey Police Department to positively represent our community while networking with other law enforcement agencies during community related initiatives. Also, this program will actively seek to develop community relations as it pertains to the youth in our community, as well as surrounding communities. Our primary goal will be to reinforce the life skills necessary for juveniles to enhance their skills to communicate, interact, learn, and listen to be successful in their world. The life skills reviewed and practiced include teamwork, self-esteem, problem-solving, making good choices, managing your emotions, honesty, communication and values. Also, a community service project as a group will be mandatory. Youth will be supervised by members of the Harvey Police Department, social service agents and approved volunteers. On a regular basis, youth will be given the opportunity to discuss what skills they used to fulfill various tasks, acknowledge their own input, what worked versus what else could be done and how that all applies to their life at home, school and in the community. We want to promote better choice making and hold youth accountable for the decisions they make. Parent participation is welcomed to learn the life skills taught and how to reinforce them at home. Referrals and community resources will be provided for parents who need additional assistance. S. Alvarado, Administrative Assistant to The Chief of Police, will oversee law enforcement community based initiatives and Juvenile Detective E. Armstrong will oversee and implement the juvenile agenda.

Juvenile Detective E. Armstrong

708/210-5281

### Community Relations

#### Exhibit - Application and Procedures for Use of School Facilities

To be submitted to the Superintendent

This application must be approved before a non-school related group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

HEROES 4 HARVEY  
 Organization Name  
Edward IVORY  
Det. ERIC ARMSTRONG  
 Adult Supervisor from Organization (must be 21 years of age or older)

BROOKS JR. HIGH  
 Requested School Facility  
edaz15@yahoo.com  
708-724-4159 (cell)  
 Phone/email address

MENTORING / ATHLETICS  
 Program/Activity

Mondays, Wednesday 6<sup>30</sup> - 8<sup>30</sup>  
APRIL 22nd - MAY 29th  
 Date(s) and start/end time(s)

NONE  
 Equipment needed

Basketballs, ropes, speed tracks,  
 Materials to be brought into facility

Gym  
 Room arrangement, including decorations

NONE  
 Food service required

- All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.
  - The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
  - Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
  - Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
  - No furniture or equipment may be moved without prior approval from the Building Principal.
  - Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.

EA Initial here if this is agreeable
- All non-school related groups must agree to:  
 Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of

school property.

- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.
- Supply proof of insurance naming [insert name of the District] as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss:

Insurance provider name and contact number

CA Initial here if this is agreeable

3. All non-school related groups must pay the following fees:

Rental charge (unless waived by Board policy):

Meal and beverage service (cost as determined by the cafeteria supervisor):

CA Initial here if this is agreeable

4. Payment Method:  Check  Money Order  Credit Card

If payment is by check, please make check payable to: The District

If payment by credit card, please indicate the following:  Visa  MasterCard

Am Ex

Expiration date: \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Today's date

Authorized amount: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

5. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.

CA Initial here if this is agreeable

6. All non-school related groups must agree to follow the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6. Important: The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

Activity being proposed is not in a physical fitness facility.

Initial here if this is agreeable

Copy of the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility has been provided. (77 Ill.Admin.Code §§527.400(a) and 527.800(c). Important: State law encourages all non-District coaches, instructors, judges, referees, or other similarly situated non-District anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. law (410 ILCS 4/10; 77 Ill.Admin.Code §527.100).

CA Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.

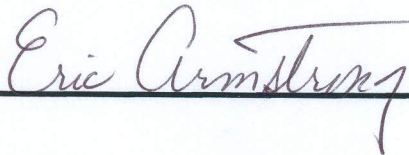
7. If the request involves a physical fitness facility, the non-school related group must:

- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
- Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- Ensure that each designated emergency responder knows the location of first aid equipment and any AED.

- Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- Arrange for at least one emergency responder to have a tour of the facility before the activity.
  
- Ensure that if an AED is used, the Superintendent is informed and all appropriate forms are completed.  
GA Initial here if this is agreeable

**I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.**

**I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.**

  
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The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. *(Note to Superintendent or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.)*

**Approved**     **Denied**

Procedures

	<u>Group</u>	
	1	2
Multi-purpose (Lecture Hall, Cafeteria, and Media Center). Minimum of three hours after normal work hours only.	Free	\$17.50 Per Hour
Each additional hour	Free	\$8.75 Per Hour
Kitchen – refreshments set-up only	Free	\$12.50 Per Hour
Gymnasium – Minimum of three hours after normal work hours only.	Free	\$25.00 Per Hour
No spectators		
With spectators	Free	\$50.00 Per Hour
Land facility use	Free	Free
Custodial services	(Applies to Groups 1 and 2) Current rate for building custodian to include benefits.	
	1. Starting scale for regular hours rental is \$19.25 per hour (subject to annual increase).	
	2. Starting scale for rental after normal work hours is \$28.75 (subject to annual increase).	

AED Provider:

It is mandatory that District 152 arrange for a trained/certified AED provider be present at all times at the expense of the organization.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/13/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Terry L Green &amp; Associates</b> P.O. BOX 367  <b>Snellville GA 30078-</b>	CONTACT NAME: <b>Matt Gonglach</b> PHONE (A/C No. Ext): <b>(678) 344-9994</b> E-MAIL ADDRESS: <b>matt@esportsinsurance.com</b>	FAX (A/C. No.): <b>(678) 205-8045</b>
	INSURER(S) AFFORDING COVERAGE	
INSURED <b>American Youth Sports Athletic Assn Inc DBA Lady Meanstreets/Heroes 4 Harvey</b> <b>3501 Dale Drive</b>  <b>Crete, IL 60417</b>	INSURER A: <b>Philadelphia Insurance Company</b>	
	INSURER B: <b>United States Fire Insurance Co</b>	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y		PHPK952660	03/14/2013	01/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participants						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Participants \$ 1,000,000
B	Excess Medical Deductible \$250			US074589	03/14/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							EACH OCCURRENCE \$ AGGREGATE \$
							Excess Medical Benefit 25,000 AD&D 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.

OBBIL132049  
 Youth Basketball Ages 13-15  
 CERTIFICATE HOLDER NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER ( ) - ( ) -  <b>Bryant School</b> <b>14700 Main St</b>  <b>Harvey, IL 60426</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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