

# 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

BRYANT SCHOOL  
Requested School Facility

DET. ERIC ARMSTRONG  
Adult Supervisor from Organization (must be 21 years of age or older)

708-724-4159/eda215@yahoo.com  
Phone/email address

SPORTS/MENTORING  
Program/Activity

M, W 6-8p OR Tue, Th MAY 30th  
3/24/13 SAT 12-2p THROUGH 7/24/13  
Date(s) and start/end time(s)

N/A  
Equipment needed

BASKETBALLS/ROPES/CONES  
Materials to be brought into facility

GYM  
Room arrangement, including decorations

N/A  
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

GA 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):

GA 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.

GA 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

GA 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).

GA 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.  
AA 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.**

*Eric Armstrong*

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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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/04/2012

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).

<b>PRODUCER</b> Terry L Green & Associates P.O. BOX 367  Snellville GA 30078- <b>INSURED</b> Meanstreets Sports, Inc. Heroes-4-Harvey P.O. Box 8  Thornton IL 60476-	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (678) 344-9994 FAX (A/C, No): (770) 978-2780 E-MAIL ADDRESS: terry@esportsinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Philadelphia Insurance Company		<b>NAIC #</b>
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

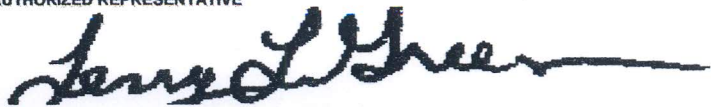
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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		PHPK841568	03/11/2012	03/11/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				/ /	/ /	MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> PARTICIPANTS				/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> MOLESTATION				/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				/ /	/ /	PARTICIPANTS \$ 1,000,000
	AUTOMOBILE LIABILITY				/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
					/ /	/ /	\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR		/ /	/ /	EACH OCCURRENCE \$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE		/ /	/ /	AGGREGATE \$
	DED		RETENTION \$		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				/ /	/ /	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N/A		/ /	/ /	OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below				/ /	/ /	E.L. EACH ACCIDENT \$
					/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
					/ /	/ /	E.L. DISEASE - POLICY LIMIT \$

**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.

Youth Basketball

Certificate Holder Named as Additional Insured.

<b>CERTIFICATE HOLDER</b> ( ) - ( ) -  Bryant School 14700 Main St Harvey IL 60426-	<b>CANCELLATION</b> 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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