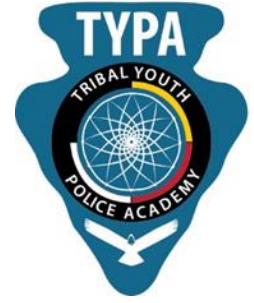


# Tribal Youth Police Academy

## Application



### Application Procedures

Students must be:

- Between the ages of 14 and 17 by August 1, 2014
- An enrolled member or direct descendant of an enrolled member of a recognized tribe
- A current student earning a high school diploma or GED

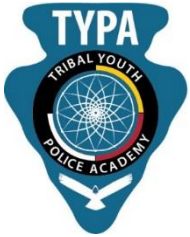
Applications must include:

- One letter of recommendation from 1) a tribal teacher, counselor, or school resource officer, or 2) a tribal official such as a tribal council member, tribal police officer, or other tribal government official. The letter of recommendation should include why the applicant would benefit from the academy and what positive values the applicant displays such as integrity, leadership, and excellence
- A written essay no more than 500 words indicating why the applicant believes he or she would benefit from the academy and why her or she is interested in a criminal justice career
- A complete application, waiver form, and medical release form (signed by applicant and parent/legal guardian)

**\*\* Application materials due by Jun 20, 2014**

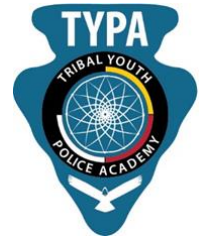
<b>Mail</b>	<b>Fax</b>	<b>Email</b>
Attn: Philip Schaefer	920-831-5400	Signed forms needed to
Fox Valley Technical College	24 Hours a day	be scanned into a PDF
1825 N. Bluemound Dr.	7 Days a week	file and attached to email
P.O. Box 2277		with all other required
Appleton, WI 54912		documents.
		Send to: <a href="mailto:schaeeph@fvtc.edu">schaeeph@fvtc.edu</a>

- Any questions or concerns can be addressed by contacting **Philip Schaefer at 920-735-2590 or [schaeeph@fvtc.edu](mailto:schaeeph@fvtc.edu)**
- The attached forms can be completed electronically or printed and completed in writing



# Tribal Youth Police Academy

## Application



**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Tribal Affiliation** \_\_\_\_\_ **Tribal Enrollment Number** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**School Attending** \_\_\_\_\_ **Grade in School** \_\_\_\_\_ **Driver's License # (if applicable)** \_\_\_\_\_

**Parent / Legal Guardian's Name** \_\_\_\_\_ **Contact Phone Number** \_\_\_\_\_

**Secondary Contact Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

### Medical Release Form

You are applying to participate in the Tribal Youth Police Academy. Participation in this program requires your involvement in a variety of physical activities under harsh environmental conditions. Physical activity will include, but is not limited to, running, stretching, reaching, climbing, lifting, carrying, crawling, pulling, and standing for long periods of time. Though you will not be fully participating in an entire physical training component, you will be physically capable of performing the above mentioned activities. By signing below, you and your parent/legal guardian are stating that you are physically capable of performing the actions described above.

In case of emergency, accident, or illness, I give permission for my son/daughter to be treated by professional medical personnel and be admitted to a hospital if necessary. I am responsible for all costs for such treatment of my child named below. Participation is voluntary and failure to comply with instructions will terminate my son's/daughter's participation. My son/daughter must share in the responsibility of his/her personal safety and not endanger others who are participating in this activity.

#### Participant

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Parent / Legal Guardian

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Waiver, Release, and Indemnity Agreement

For and in consideration of permitting the Undersigned Participant use of Fox Valley Technical College main campus located at 1825 N. Bluemound Dr., Appleton, WI 54914 or the University of Wisconsin-Oshkosh located at 800 Algoma Blvd., Oshkosh, WI 54901 or any other facility where this academy is being held, the undersigned participant does for him/herself and his/her heirs, executors, administrators and assigned or estate hereby voluntarily releases, discharges, waives, and relinquishes any and all action or causes of action for and agrees, that under no circumstances will prosecute, present any claim for personal injury, property damage, or wrongful death occurring to him/herself as a result of engaging in and/or participation in the activities associated with or accidental to the training academy wherever or however the same may occur and for whatever period said use may continue, against the state of Wisconsin, the Tribal Youth Police Academy, Fox Valley Technical College or any of their agencies, departments, or subdivisions or any of its officers, agents, servants, volunteers, or employees for any of said causes of action whatever the same shall arise by the negligence of any said persons, or otherwise to indemnify and save harmless the same.

The Undersigned Participant and parents or legal guardians are specifically aware that the participation in the youth police academy, even under the safest conditions possible, may be hazardous. The undersigned acknowledges that he/she has read the foregoing paragraph, is fully and completely advised of the potential dangers incidental to engaging in activities associated with the youth police academy, and is fully aware of the legal consequences of signing the within instrument. The Undersigned Participant further certifies that he/she is physically capable of the exercises performed.

### Applicant

Print Name

---

Signature

Date

---

### Parent / Legal Guardian

Print Name

---

Signature

Date

---