

2011RCMP LOWER MAINLAND YOUTH ACADEMY
INFORMATION AND APPLICATION PACKAGE

(Revised: 2010-11-07)

Every portion of this application must be read carefully and fully completed.

If there is a section that is not applicable to you, place “N/A” on that line.

All applications must include the following:

- Completed application Personal Information form
- Completed Criminal Record and Police Indices Check
- Complete the Application form questions
- Signatures on Academy Rules and Regulations form
- Signatures on the Media Coverage form
- Results and signatures on the Physical Testing form
- Completed Candidate Declaration form including all signatures
- Completed parent or Guardian Declaration form including all signatures
- Completed Administrators Declaration form including all signatures
- Two (2) Letters of Reference (Please Attach)
- Two (2) Passport Sized photos (Please Attach)
- Non-standard School District Work-site Agreement form
(Your Career Counselor will have this – Please Attach)
- Proof of School Plan Accident Liability Insurance
(Your Career Counselor will have this – Please Attach)
- RCMP Waiver Form 1698
- Typed Resume and please include the following in your resume:
 - List your hobbies and or interests
 - List any special skills and or experience
 - Describe or list any volunteer work you have done and include the organization and duties
 - List jobs you have had and the position you held, beginning with most recent
 - List courses, lectures, work experiences you have taken to further your interest in police work
 - List three (3) references, not related to you (Name, Address, Telephone and Relationship)

An incomplete application package may result in your elimination from the selection process. It is the responsibility of each applicant to ensure these forms are completed in full and returned to your School Education Facilitator prior to the end of school on Friday, December 10, 2010.

LATE OR INCOMPLETE APPLICATION PACKAGES WILL NOT BE PROCESSED.

RCMP LOWER MAINLAND YOUTH ACADEMY APPLICATION

Dear Academy Applicant,

This program is designed for the participation of fifty high school students aged 16 to 18 (As of December 31, 2010) who are interested in police work as a possible future career. The five municipalities of Burnaby, Coquitlam, North Vancouver, Richmond and Surrey have signed a partnership agreement with the RCMP to provide this unique opportunity.

This years RCMP Youth Academy will be held from **Thursday April 21, 2011, to Friday, April 29, 2011.**

This program is designed to place the students in a simulated RCMP training environment as well as role-playing the realities of policing. The students that successfully complete each phase of the selection process will attend the Academy and experience a variety of activities that an RCMP Cadet would experience but in a condensed format. Students will receive instruction and lectures on law, social and communication skills, physical training, as well as some police tactics, and self-defence and variety of other topics. They will be involved in a great deal of role-playing scenarios where they will take turns taking on the role of a police officer or will be observing the role play in order to share their observations at the end. They will be required to work in a team and partake in all the planned activities. A study manual will be handed out prior to the Academy. Pre-reading is required prior to attending and the students will be tested on the material on the first day of the Academy.

The overall cost for the candidate to participate is \$700. A uniform, meals, lodging and stationary items will be supplied. A list of Academy rules will be given to each successful candidate; participants not complying with these rules or arriving with physical or other limitations that preclude their full participation will be sent home without a refund. If a candidate cancels before the academy begins, monies may not be refunded.

This Academy is an excellent learning experience, but will be extremely challenging both mentally and physically. If you have any questions, please contact either your Career Education Facilitator or your RCMP School or Youth Liaison Officer.

Thank you for participating.

Sincerely,

Your School and RCMP Staff
(Burnaby, Coquitlam, North Vancouver, Richmond and Surrey)

RCMP YOUTH ACADEMY REQUIREMENTS AND INFORMATION

Applications are open to secondary students attending secondary school in the Municipalities of Burnaby, Coquitlam, North Vancouver, Richmond and Surrey. The applicants must meet the following criteria to be considered:

- 16 years of age (As of December 31, 2010)
- Have genuine interest in police work as a career
- Be in good standing in all classes
- Have a good attendance record
- Display a willingness to work, communicate, work cooperatively with others, and take direction
- Complete application package
- Be recommended by school staff
- Physically fit, healthy and successful completion of the physical fitness test as per attached application
- Be a non-smoker for the length of the Academy
- Forgo the use of personal electronic, media storage and communication devices for the duration of the Academy
- Adhere to the RCMP standards of dress and grooming for uniformed police officers (See the section on rules)
- Complete the top portion of the form for a criminal record and police indices check. **Do not take this form to an RCMP Detachment.** RCMP members from your detachment involved in the Youth Academy will conduct a criminal record check for you.

Medical Issues

- Police Officers must maintain a high level of fitness to perform their duties effectively and professionally. At the RCMP Youth Academy, you will be expected to be in good condition as well as injury and illness free. Any information regarding injuries or illness must be disclosed immediately to school staff or the school district staff. The report of injuries, illness or medical conditions does not necessarily exclude participation at the RCMP Youth Academy. However, if the injury, illness or medical condition surfaces during the activities at the RCMP Youth Academy, the student may be sent home. All information regarding injuries, illness and medical conditions will remain confidential.
- The physical components of the RCMP Youth Academy include a conditioning program, participation in team sport games, and simulations of police scenarios involving chasing, controlling and apprehending subjects.
- The students will be exposed to a rigorous simulated physical ability requirement evaluation, which is similar to that currently required for RCMP applicants. Completion of this test requires participants to perform at near maximum heart rates, challenge upper body strength, muscular endurance and coordination skills.
- It is the recommendation of the RCMP Youth Academy to undergo a medical examination by a physician if the applicant or the parents or guardians have concerns.
- Furthermore the candidates must have proof of personal school plan insurance, the application can be from your career counselor.

Selection Process

- Applications must be handed into your School Career Facilitator by **Friday, December 10, 2010.**
- Upon successful completion of security screening, candidates will be contacted by the RCMP to participate in the oral interview process sometime around the second week of January.
- Final selections will be made by **Friday, January 28, 2011.** All interviewed students will be notified in writing of their standing shortly thereafter.
- A **MANDATORY** information meeting for students and their parents will be held on **Thursday, March 3, 2011, at 7 p.m.** at the Schou Center located at 4041 Canada Way, Burnaby B.C. Any questions or concerns regarding the Academy will be addressed. Uniform measurements will be collected at that time. Pre-reading study material will also be issued. **All Alternate Candidates MUST attend this meeting.**

RCMP YOUTH ACADEMY PERSONAL INFORMATION FORM

(Please Print)

SCHOOL INFORMATION:

School Name: _____ School District: _____ Grade: _____
 School Contact: _____ Telephone: _____

PERSONAL INFORMATION:

Full Name: _____
(Surname) (Given 1) (Given 2)

Address: _____
(Street Address) (City) (Postal Code)

Citizenship Status: _____ How Long Have You Lived In This City: _____

Have You Lived In Another City, Province Or Country: _____

If you have –where, and for how long: _____

Telephone: _____ Email address: _____

Date of Birth: (YY/MM/DD) _____ Place Of Birth: _____ Gender: _____

Age: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

BC Drivers License Number: _____ Care Card Number: _____

PARENT/GUARDIAN EMERGENCY CONTACTS: (three are required)

Name (Surname, Given1)	Relationship	Address	Telephone
			(Res): (Wk):
			(Res): (Wk):
			(Res): (Wk):

MEDICAL INFORMATION:

Family Doctor: _____ Address: _____ Telephone: _____

Food Allergies: _____

Drug Allergies: _____

List all medical conditions: _____

List any injuries or illnesses affecting physical activity: _____

Have you been under the care of a Doctor for **ANY** reason within the preceding 2 years?

If you have please explain: _____

Are you currently on any medication? If yes, outline type, dosage and reason:

Describe any medical or physical conditions that might affect your performance with an employer. (Example: epilepsy, diabetes, etc.)

What was the date of your most recent tetanus shot (immunization) : _____

OFFICE USE ONLY: Section Number: _____ Dorm: _____

RCMP CRIMINAL RECORD AND POLICE INDICES CHECK
(Please Print)

Your Name: (Please Print) _____

1. To your knowledge, have you or any of your family members ever been the subject of a police criminal investigation? If so, please explain.

2. I, _____, give permission to the Royal Canadian Mounted Police to obtain all information necessary to qualify me in this Work Experience Program. It is understood that the RCMP will have final authority in the approval or rejection of an application, and whose decision or the criteria, or method of arriving at such a decision, will not be questioned or objected to by me, and I will bear no grievance against the RCMP in this respect.

Note: Any false information given in this application will be grounds for denial, or if accepted, immediate dismissal.

Applicant Signature: _____ Date: (YY/MM/DD) _____

Parent Or Guardian Signature: _____ Date: (YY/MM/DD) _____

FOR POLICE USE ONLY:

(These check boxes are for police only, please check applicable box)

CPIC Persons Check:

CPIC CNI And CR:

PIRS PROS PRIME:

Driving Record:

Interview Notes:

Police Interview Recommendations:

Police Interviewer Name: _____ Date: _____ Approved: Y/N

APPLICATION FORM QUESTIONS
(Please Print)

Why do you wish to take part in this program?

In your own handwriting, explain your view of the Police officers role in society.

**RCMP YOUTH ACADEMY
CANDIDATES GENERAL RULES AND REGULATIONS**

1. Once at the academy site, candidates shall not leave the Stillwood Camp and Conference Centre property without specific direction from staff.
2. Candidates shall turn in all medications to the academy medical staff immediately upon arrival. Designated staff will monitor the taking of medication as prescribed. Ana-kits and inhalers shall be reported upon arrival; however, will be retained by the candidate.
3. Alcohol, non-prescription drugs and any other intoxicants are prohibited.
4. Smoking is not permitted at the academy at any time.
5. Candidates shall not enter the accommodations or rooms of the opposite gender, unless accompanied by a staff member.
6. Candidates shall remain in their assigned living quarters from 2130 to 0530 hours, unless specifically directed otherwise by staff or in the event of an emergency.
7. Candidates are responsible to ensure the cleanliness and organization of facilities, including assigned candidate quarters (dorms) in accordance with directions from staff. Personal quarters (dorms) will be subject to daily inspections.
8. Candidates shall use only those camp facilities assigned to them and not make use of other facilities or amenities without specific direction from a staff member.
9. Candidates shall comply with basic RCMP dress, department and personal grooming regulations for uniform personnel. The issued uniform, including hats, will be worn when and as directed. Both male and female candidates will remove all jewellery, rings, bracelets, necklaces, earrings, oral piercings and all other body piercings that are not covered by clothing, for the duration of the academy. Wrist watches are acceptable and encouraged. Hair that is coloured shall be of a naturally occurring colour. Men shall have a regulation haircut –cut so as to be clear of the collar, ears and forehead – sideburns not longer than the top third of the ear. All male candidates will be clean shaven however a trimmed moustache is acceptable. Women shall maintain their hair up and off the collar, away from the ears and clear of the forehead. For allergy reasons, the academy is a scent free environment. The above regulations are general and do not detail the provisions which are in place to accommodate religious and cultural beliefs. These specific accommodations will be addressed individually, upon the request of candidates.
10. Candidates must, at all times, follow and obey all directions from the academy staff.
11. Full disclosure of any injuries or illness must be made to an academy staff member, prior to or during the academy. The disclosure is to ensure the continued health of the candidate.

Important Notice for Parents and Candidates - Any Candidate who fails to comply with rules, regulations, staff directions or staff guidance, or who become disruptive to the academy, may have their participation in the Academy cancelled and will be immediately returned home at their own expense without any refund of the student fees.

By signing you hereby declare that you have read and understood the General Regulations and Rules.

Student Signature: _____ Date: _____ (YY/MM/DD)
Parent Or Guardian Signature: _____ Date: _____ (YY/MM/DD)

**MEDIA COVERAGE AND PHOTOGRAPHS
NOTICE TO PARENTS**

The *Freedom of Information and Protection of Privacy* legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, please read the following information carefully.

Media Coverage And Photographs :

From time to time the school receives requests from newspaper and television reporters to visit our schools and Partnership Programs to do a story about some aspect of the school or its programs.

Requests of this nature are given careful consideration and approval may only be granted by the Principal and the Superintendent of Schools. There is a possibility the reporters will want to take photographs or film footage to accompany their story. While the schools attempt to cooperate with the media wherever possible, the school districts recognize there are instances where publicity of this nature is not welcome by individuals.

As well, in the school districts district staff are allowed to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district.

Therefore, parents may not wish their child to appear in a newspaper photograph or to be televised while involved in school activities, or have their child photographed by district staff for promotional purposes. Accordingly, please tick off the appropriate box below and please sign the form below and the schools will work with you and your child to minimize the possibility of this happening.

- I do not** wish my child to be involved in media coverage or to be photographed by district staff
- I agree** my child **may be** involved in media coverage and may be photographed by district staff

Student Name: _____ School Name: _____

Parent Or Guardian Name: _____

Parent Or Guardian Signature: _____ Date: _____

**RCMP YOUTH ACADEMY
CANDIDATE DECLARATION
(Please Print)**

I, (Applicant Name) _____, declare that I have read all the information in the RCMP Youth Academy Package.

I understand that the RCMP Youth Academy will be a physically demanding program.

I am not aware of any existing medical conditions or physical problems that would place me at risk by taking part in the program.

I have answered all questions honestly.

I am prepared to undertake the challenges presented at the Academy.

I understand that my acceptance for the RCMP Youth Academy will be based, in part, on the expectation and confirmation that my behaviour both within my school district and within my community will have been beyond reproach.

I understand that; at any point in the application process and, if accepted, at any point after my application has been accepted, I will immediately notify my School District representative and their RCMP representative of any circumstance within my school district and or within my community, or adverse contact with the police, that may bring the appropriateness of my behaviour into question.

I understand that such circumstances as stated above may not necessarily result in my being removed as an applicant or candidate for the RCMP Youth Academy however, a failure to disclose or conceal any of the circumstances mentioned above will result in my removal as an applicant or candidate.

Applicant Signature: _____ Date: _____
(YY/MM/DD)

Parent Or Guardian Signature: _____ Date: _____
(YY/MM/DD)

Sponsor Teacher Signature: _____ Date: _____
(YY/MM/DD)

Administrator Signature: _____ Date: _____
(YY/MM/DD)

RCMP Member Signature: _____ Date: _____
(YY/MM/DD)

**RCMP YOUTH ACADEMY
PARENT OR GUARDIAN DECLARATION
(Please Print)**

I, (Parent Or Guardians Name) _____, declare I have read all the information in the RCMP Youth Academy Package.

I support my son, daughter, wards application.

I am not aware of any existing medical conditions or physical problems that would place my son, daughter, ward at risk by taking part in the program.

I support the honesty and accuracy that my son, daughter, ward has answered all the questions.

I declare that my son, daughter, ward, is prepared to undertake the challenges presented at the Academy.

I understand that my son, daughter, wards, acceptance for the RCMP Youth Academy will be based, in part, on the expectation and confirmation that their behaviour both within our school district and within our community will have been beyond reproach.

I understand that; at any point in the application process and, if accepted, at any point after my son, daughter, wards, application has been accepted, they will immediately notify their School District representative and their RCMP representative of any circumstance within our school district and or within our community, or adverse contact with the police, that may bring the appropriateness of my son, daughter, wards, behaviour into question.

Parent Or Guardian Signature: _____ Date: _____
(YY/MM/DD)

**RCMP YOUTH ACADEMY
SCHOOL ADMINISTRATOR DECLARATION
(Please Print)**

**To be completed by the School District staff member responsible for addressing
issues of student conduct, attendance and academic standing.**

I, (Administrators Name) _____, support this student in their quest to be accepted into the RCMP Youth Academy.

I have reviewed this students application and appropriate student records with respect to attendance, grades and behaviour.

- I support this students participation.
- I do not support this students participation.

Administrator in Support of Application: _____
(Print Name And Title)

Administrator Signature: _____ Date: _____
(YY/MM/DD)



**POLICE OBSERVER
PROGRAM WAIVER**

**PROGRAMME D'OBSERVATEUR DU
TRAVAIL POLICIER - DÉSISTEMENT**

Applicant - Participant	Date of Birth Date de naissance	Address - Adresse	Province
Next of Kin - Nom du plus proche parent	Program - Programme		

IF UNDER 18 YEARS OF AGE, SECTIONS B, C, D AND E APPLY. IF OVER 18 YEARS OF AGE, SECTIONS A, B, C AND E APPLY.

LES PARTIES B, C, D ET E S'APPLIQUENT AUX MOINS DE 18 ANS. LES PARTIES A, B, C ET E S'APPLIQUENT AUX PLUS DE 18 ANS.

A WAIVER OF CLAIM

DÉSISTEMENT DE REVENDICATION

Being the age of majority in consideration of my participation with the Royal Canadian Mounted Police (RCMP) in the Program stated above, I hereby absolve and save harmless the RCMP and its individual employees and agents from liabilities, causes of action, damages or otherwise for defamation, personal injury or loss of or damage to property however caused by or resulting from my participation in the program stated above.

Ayant atteint la majorité et en considération de ma participation avec la Gendarmerie royale du Canada (GRC) au programme nommé ci-dessus, je dégage par les présentes la GRC et ses employés et agents de toute responsabilité, matière à procès, poursuite en dommages-intérêts ou autre, relativement à toute diffamation, blessure, perte ou dommage matériel subi en raison de ou à la suite de ma participation audit programme.

B AGREEMENT TO CONSENT FOR APPLICATION

CONVENTION DE PUBLICATION

I do declare that prior to seeking publication of any article or other material containing information of which may come into my possession through my participation in a Police Observer Program with the Royal Canadian Mounted Police (RCMP), I will submit same for review by the Commander of the RCMP Division wherein I participate.

Je conviens qu'avant de faire publier quelque ouvrage ou article que ce soit contenant des renseignements que je pourrais obtenir lors de ma participation au Programme d'observateur du travail policier avec la Gendarmerie royale du Canada (GRC), je devrai le soumettre d'abord à l'approbation du commandant de la division de la GRC où j'aurai pris part à ce programme.

C DECLARATION OF CONFIDENTIALITY

ENGAGEMENT AU SECRET

I do solemnly declare that I will not disclose to any person outside the RCMP any information of which may come into my possession through my participation in a Police Observer Program with the Force, without authorization from the Commander of the RCMP Division where I participate.

Je m'engage solennellement à ne divulguer à quiconque n'appartenant pas à la GRC aucun des renseignements que je pourrais obtenir lors de ma participation au Programme d'observateur du travail policier avec la Gendarmerie, à moins d'en avoir d'abord obtenu l'autorisation du commandant de la division de la GRC où j'aurai pris part à ce programme.

D AUTHORIZATION AND WAIVER OF CLAIM

CONSENTEMENT ET DÉSISTEMENT DE REVENDICATION

Being the parent/guardian of the participant I hereby authorize his/her participation with the RCMP in the program stated above.

En tant que parent/tuteur du participant, par les présentes je consens à le laisser participer avec la GRC au programme nommé ci-dessus.

Furthermore and in consideration of the said participation, I hereby absolve and save harmless the RCMP and its individual employees and agents from liabilities, causes of action, damages or otherwise for defamation, personal injury or loss of or damage to property, howsoever caused by or resulting from the said participant of the above participant in the program stated.

De plus, et en considération de ladite participation, je dégage par les présentes la GRC et ses employés et agents de toute responsabilité, matière à procès, poursuite en dommages-intérêts ou autre, relativement à toute diffamation, blessure, perte ou dommage matériel subi en raison de ou à la suite de la participation du participant audit programme.

E WITNESS AGREEMENT

CONVENTION DU TÉMOIN

I fully understand that, as a result of my participation with the RCMP in this Police Observer Program, I may be required and hereby agree to testify as a witness in future proceedings and that I may also be required and hereby agree to provide a statement and/or a detailed written account of my observations and actions in that regard. I also recognize and hereby agree that these written statements and/or accounts are subject to release to the defence counsel of an accused person where they are relevant to that person's defence in a related criminal proceeding.

Je sais que par suite de ma participation au Programme d'observateur du travail policier avec la GRC, je pourrais être tenu, dans le cadre de poursuites judiciaires, de témoigner et de fournir des déclarations ou des comptes rendus écrits détaillés de mes observations et de mes actions, et j'accepte de le faire. Je sais aussi que ces déclarations ou comptes rendus pourraient être communiqués à l'avocat d'un accusé s'ils peuvent servir à sa défense dans le cadre de poursuites criminelles auxquelles ils sont liés, et j'accepte qu'ils soient communiqués à l'avocat de cet accusé.

SIGNATURES

Witness - Témoin	Parent or Guardian - Parent ou Tuteur	Applicant - Participant
Approved - Approuvé	Place - Lieu	Date