

**2014 RCMP LOWER MAINLAND YOUTH ACADEMY
INFORMATION AND APPLICATION PACKAGE
(Revised: 2013-10-31)**

This application package is to be printed using the **single-sided printer setting only**.

Every portion of this application must be read carefully and must be fully completed (note: If there is a section that is not applicable to you, place an “N/A” on that line)

All application packages will be kept confidential and must include the following:

Completed... read each page very carefully – **fill in all areas** and **get all necessary signatures**

- “**Application Personal Information**” form (pages 4-6 – print clearly)
- “**Criminal Record and Police Indices Check**” form (page 7 – signatures required)
- “**Application Form Questions**” (page 8 - answer right on this application page)
- “**Academy Rules and Regulations**” form (page 9 – signatures required)
- “**Media Coverage and Photographs**” form (page 10 – signatures required)
- “**Physical Fitness Test**” form (page 11 – top two lines only... actual fitness testing will happen in early December)
- “**Candidate Declaration**” form (page 12 – signatures required... RCMP will sign later)
- “**Parent or Guardian Declaration**” form (page 13 – signatures required)
- “**School Administrator Declaration**” form (page 14 – signatures required)
- “**RCMP Police Observer Program Waiver**” form (page 15 – signatures required)

Attached... please ensure the information below is securely attached to your above application

- Two (2) **Letters of Reference** (ideally, one is from your school: teacher, counselor or admin)
- A typed **Resume** - please include the following in your resume:
 - Any **previous RCMP and or Police Academies** you have attended, or applied for
 - Any **hobbies and/or interests**
 - Any **special skills** and or **experience** you have
 - Any **volunteer work** you have done and include the organization and duties
 - Any **paid work** you have had and the position you held, beginning with the most recent
 - Any **courses, lectures, work experiences** or **other activities** you have taken to further your interest in police work
 - List three (3) **references**, not related to you (include: name, address, telephone, and relationship)

After you have been accepted into the Academy... mid- to late-January

- “**Non-Standard School-District Worksite Agreement**” form
(your School’s Work Experience Coordinator/teacher or school counselor can get you this form)
- Proof of **School Plan Accident Liability Insurance** or **Family Accident Liability Insurance**
(if using school, see your Career Resource Facilitator, the main office or a school counselor can get you the package)

An incomplete or late 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’s Counselor or Career Resource Facilitator prior to the end of the school day on:

Friday, November 29, 2013

RCMP LOWER MAINLAND YOUTH ACADEMY APPLICATION

Dear SD43 Academy Applicant:

This program is designed for the participation of fifty **high school students aged 16 to 18** (as of December 31, 2013) who are interested in police work as a possible future career. The five Public School Districts of Burnaby, Coquitlam, North Vancouver, Richmond and Surrey have initiated a partnership agreement with the RCMP to provide this unique opportunity. **Each school district puts forth 10 students** to the Academy.

This year's RCMP Youth Academy will be held from **Wednesday, April 16, 2014 to Thursday, April 24, 2014**, inclusive [Easter (long) Weekend and two school days before and after this weekend].

This program is designed to place the students in a simulated RCMP training environment and involves role-playing the realities of policing. The students that successfully complete each phase of the selection process will attend the Academy and experience some of the 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 variety of other topics. Students 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. This process will require students to speak in front of groups while being evaluated by the instructional staff and their peers. Students 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 **\$475**. 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 your school's Counselor, Career Resource Facilitator, Work Experience Teacher, or RCMP School Liaison Officer.

Thank you for interest in participating in this unique learning experience.

Sincerely,

Cons. E. McAvoy – *RCMP Coquitlam Detachment*

Cons. C. Payette – *RCMP Coquitlam Detachment*

Cons. J. Christofferson – *RCMP Coquitlam Detachment*

Doug MacLean – *Coquitlam SD43*

Frank Gigliotti – *Coquitlam SD43*

RCMP YOUTH ACADEMY REQUIREMENTS AND INFORMATION

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

- Be 16 years of age (as of December 31, 2013)
- Have genuine interest in police work as a career
- Be in good standing in all classes
- Have a good “attendance” and “late” record at school
- Display a willingness to: communicate, work cooperatively with others, and take direction
- Complete the application package
- Be able to communicate effectively (orally, reading and writing) in English
- Be recommended by school staff
- Be physically fit, healthy and successfully complete 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
(These devices are not to be brought to the Academy)
- Adhere to the RCMP standards of dress and grooming for uniformed police officers
(See Section 9 on Page 9 of this application)
- 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 who are involved in the Youth Academy will conduct a criminal record check for you.
- Students who have previously attended and completed the RCMP Youth Academy are not eligible to apply again.

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 the Academy 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 apprehending and controlling 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.
- The candidates must have proof of personal school plan insurance. An application can be obtained from your school.

Selection Process

- Applications must be handed into your School Career Facilitator by the date listed at the bottom of page 1 of this application.
- Upon successful completion of security screening, candidates will be contacted by:
 - a school district personal to participate in the physical fitness testing sometime in mid-December or early January, depending on RCMP availability and/or weather conditions
 - the RCMP to participate in the oral personal interview process sometime around the third week of January.
- Final selections will be made by **Friday, January 31, 2014**. 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 **Wednesday, March 12, 2014, at 7 p.m.** at the Schou Center located at 4041 Canada Way, Burnaby, BC. Uniform measurements, ID photos will be taken at that time, as well as other pertinent information. Student and parent questions can also be answered. Pre-reading study material will also be issued.
- **All Alternate Candidates MUST attend this meeting.**

**RCMP YOUTH ACADEMY
PERSONAL INFORMATION FORM**

RCMP / STAFF USE ONLY:

Section Number: _____ Dorm: _____

Please print very clearly

SCHOOL INFORMATION:

School Name: _____

School District: _____

Present Grade: 10 11 12 other: _____

School Contact Name and title: _____

School Telephone: _____

PERSONAL INFORMATION:

Full **LEGAL** Name: _____
(last) (first) (middle)

Preferred Name (name used at school): _____

Address: _____
(street) (city) (postal code)

Home Telephone Number: _____

Email Address (print very clearly): _____

Citizenship Status: _____

How long have you lived in this city? _____

Have you lived in another city, province or country? _____

If you have, “where”, “when” (show time frame)? (ex: Calgary, Alberta from January 2009 to July 2011):

Date of Birth (year – month – day): _____

Place of Birth (city, province, country): _____

Gender: male female

Age: _____

Hair Color: _____

Eye Color: _____

Height: _____ cm

Weight: _____ kg

Do you have a Drivers Licence? _____

If "Yes", which Province is it Issued by? _____

If "Yes", what is your Drivers License Number: _____

Care Card Number: _____

IN THE EVENT THAT A STUDENT BECOMES ILL OR INJURED WHILE AT THE ACADEMY THREE (3) EMERGENCY CONTACTS ARE REQUIRED. Please list them in the order of who should be called first. Please only list contacts who live in the Lower Mainland and who will be available during the Academy. Whenever possible Emergency Contacts should be Parents, Legal Guardians or Relatives.

1. CONTACT: _____
(Last Name) (First Name)

Relationship: _____

Address: _____
(Street Address) (City)

Telephone Numbers: _____
(Home) (Cell) (Work)

2. CONTACT: _____
(Last Name) (First Name)

Relationship: _____

Address: _____
(Street Address) (City)

Telephone Numbers: _____
(Home) (Cell) (Work)

3. CONTACT: _____
(Last Name) (First Name)
Relationship: _____
Address: _____
(Street Address) (City)
Telephone Numbers: _____
(Home) (Cell) (Work)

MEDICAL INFORMATION:

Family Doctor: _____

Address: _____

Telephone Number: _____

Please list any food allergies:

Please list any dietary considerations: (For example: Vegetarian, Ovo-lacto etc...)

Please list any allergies to any medications:

Please list any conditions you have which might require consideration within certain types of educational or occupational environments: (For example: Dyslexia, Epilepsy, Diabetes, etc...)

Please list any conditions, injuries or illnesses affecting your physical activity:

If you have been under the care of a Doctor for **ANY** reason within the preceding two (2) years please explain:

If you are currently on any medications please list them and include the reason for taking them:

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

RCMP CRIMINAL RECORD AND POLICE INDICES CHECK
(Please Print)

Your Name: _____

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, misleading or omitted information with respect to this application will be grounds for; removal from the application process or, if accepted, immediate removal from the academy.

Applicant Signature _____ Date: (yyyy/mm/dd) _____

Parent or Guardian Signature _____ Date: (yyyy/mm/dd) _____

RCMP / STAFF USE ONLY:

(These check boxes are for police use 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 Police Officers role in society.

RCMP YOUTH ACADEMY 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, deportment and personal grooming regulations for **uniform RCMP personnel**. The issued uniform, including hats, will be worn when and as directed. **Both male and female candidates will;** remove all jewelry, 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 strongly recommended. Hair that is coloured must be of a naturally occurring colour. Hair may not be spiked up. Nail polish and cosmetic products are not to be worn. For allergy reasons, the Academy is a scent free environment. **Male candidates will;** have a their hair cut in a style that is above the collar of a collared shirt (not a t-shirt) Hair must be cut so that will not cover the ears. Bangs are not to cover the eyes or eyebrows. Sideburns are to be no longer than the top third of the ear. Faux-hawks are not acceptable. All male candidates will be clean-shaven and will shave daily if necessary. A trimmed moustache is acceptable. Goatees, beards and long sideburns are not acceptable.
10. **Female candidates will;** maintain their hair up and off the collar, away from the ears and clear of the forehead. **The above regulations are general and do not detail the provisions which are in place to accommodate religious and cultural beliefs. These can be addressed individually, upon the request of candidates.**
11. Personal electronic devices (laptops, iPods, cell phones, blackberries etc...) are not permitted at the Academy.
12. Due to the compressed format of the Academy syllabus there are no provisions in place to accommodate time away from the Academy or for visits at the Academy site.
13. Candidates must, at all times, follow and obey all directions from the Academy staff.
14. 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 Rules and Regulations.

Applicant Signature _____ Date: (yyyy/mm/dd) _____

Parent or Guardian Signature _____ Date: (yyyy/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 (please print): _____

Parent or Guardian Signature: _____ Date: _____

**RCMP YOUTH ACADEMY STANDARD PHYSICAL FITNESS TEST
(Please Print)**

Student Name: _____
(last) (first)

School Name: _____ School District: _____

Physical Fitness Test:

An **RCMP Officer** or their designate **WILL** do this test.
 A teacher at school will not suffice.
 All candidates will be notified as to the date and time of the test.

Candidates:

Ensure that the Standard Physical Fitness Testing form is completed with name, school name, and school district.
 Results will be entered after the group testing.
 If a candidate attends the Academy and it is apparent that they have not maintained the minimum fitness standards, the candidate may be sent home.

Procedure:

- Run:** “Cooper’s Test” (run 6 laps of a 400-metre track (2.4 km) in less than 12 minutes)
- Push-ups:** Perform the maximum number of full body push-ups (from the toes) in 60 seconds (minimum number - 15 reps)
- Sit-ups:** Perform the maximum number of sit-ups in 60 seconds (minimum 30 reps), or perform the maximum number or partial curl ups as per C.S.T.F. guidelines (minimum 25 reps)

TEST	RESULTS	COMMENTS
2.4 km run		
Push-ups		
Sit-ups or Curl-ups		

Date of Test: _____

Examiners Name: _____

Examiners Signature: _____

Signature of Applicant: _____

**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: _____
(yyyy-mm-dd)

Parent or Guardian Signature: _____

Date: _____
(yyyy-mm-dd)

Sponsor Teacher Signature: _____

Date: _____
(yyyy-mm-dd)

Administrator Signature: _____

Date: _____
(yyyy-mm-dd)

RCMP Member Signature: _____

Date: _____
(yyyy-mm-dd)

(constable will sign at Personal Interview)

RCMP YOUTH ACADEMY PARENT OR GUARDIAN DECLARATION
(Please Print)

I, (parent or guardian's name) _____, declare I have read **all the information in the RCMP Youth Academy Package.**

I support my son, daughter, ward's application.

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 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.**

I understand that such circumstances as stated above may not necessarily result in my son, daughter, ward 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 son, daughter, wards removal as an applicant or candidate.**

Parent or Guardian Signature: _____

Date: _____
(yyyy-mm-dd)

RCMP YOUTH ACADEMY SCHOOL ADMINISTRATOR DECLARATION
(Please Print)

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

I, (administrator's name) _____, support this student in their quest to be accepted into the RCMP Youth Academy.

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

I understand that this student's application 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 this students application has been accepted, the school district will immediately notify 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 this students behaviour into question.

I understand that such circumstances as stated above may not necessarily result in this student 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 this students removal as an applicant or candidate.

- I support this student's participation.
- I do not support this student's participation.

Administrator in Support of Application: (please print) _____
(name) (title)

Administrator Signature: _____ Date: _____
(yyyy-mm-dd)



**POLICE OBSERVER
PROGRAM WAIVER**

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

Applicant – Participant	Date of Birth Date de naissance	Address - Adresse	Province BC
Next of Kin - Nom du plus proche parent	Program – Programme Lower Mainland 2014 RCMP Youth Academy		

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

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.

DÉSISTEMENT DE REVENDICATION

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

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 de RCMP Division wherein I participate.

CONVENTION DE PUBLICATION

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

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.

ENGAGEMENT AU SECRET

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

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

CONSETEMENT ET DÉSISTEMENT DE REVENDICATION

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

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.

CONVENTION DU TÉMOIN

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	Place – Lieu	Date