



A CRIMINAL JUSTICE CAREER ORIENTATION PROGRAM
Youth Law Enforcement Career
Camp Application



An Introduction to a Law Enforcement Career!
July 10 – July 16, 2016

Please Print or Type. Application Deadline is May 6, 2016

QUALIFICATIONS: Applicant must:

- ◆ Be between 15-18 years of age.
- ◆ Have completed 10th or 11th grade by the beginning of camp.
- ◆ Have no criminal record (checked on-line through WATCH - <https://fortress.wa.gov/wsp/watch/>).
- ◆ Be healthy and capable of strenuous exercise and stress.
- ◆ Be interested in a Criminal Justice career.

INSTRUCTIONS:

After completing this application, MAIL the complete package to the state Kiwanis representative
Attn: Camp Administrator, P O Box 381, Olympia, WA 98507-0381

SUBMISSION CHECKLIST:

- COMPLETED application including:
 - Principal's Signature
 - Recommendations from two teachers
 - Transcript of your grades showing 2.5 or above cumulative GPA
 - Parent's Signature
 - Photocopy of Driver's License, Instruction Permit, or passport
- Health Statement including Physician's Signature
- Liability Release
- An essay of at least 100 words on "Why I Would Like to Attend Law Enforcement Career Camp"
- \$50 check to be paid by applicant. (\$600 balance to be paid by sponsor / Kiwanis club)

Note: A \$50 tuition sharing fee is due when the applicant reports for camp.

Note: Sponsorship by a Kiwanis club can be obtained before submitting application OR after being accepted to the camp.

THIS PORTION TO BE COMPLETED BY SPONSORING PARTY / AGENCY / KIWANIS CLUB			
Please complete so club & sponsor can get proper credit. Forward completed application and sponsorship fee to: Washington Kiwanis Law Camp c/o Camp Administrator P.O. Box 0381 Olympia, WA 98507-0381			
<input type="checkbox"/> \$600 Student Fee Enclosed	SUBMITTED BY (Please Print)		
ADDRESS	CITY	STATE	ZIP
PHONE	KIWANIS CLUB OR SPONSOR		



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APPLICANT INFORMATION

APPLICANTS NAME				E-MAIL ADDRESS			
ADDRESS			CITY	STATE	ZIP	PHONE	
SHIRT SIZE (Circle One) S M L XL 2X 3X	GENDER	HEIGHT	WEIGHT	DATE OF BIRTH		DRIVERS LICENSE or PERMIT #	
NAME OF SCHOOL		GRADE CURRENTLY ENROLLED		SCHOOL LOCATION			

AUTHORIZATION

The following signatures are required to indicate approval of your application – **NO RUBBER STAMPS ALLOWED.** Please attach a transcript of your grades.

I certify that the applicants' scholastic record was average or better during the past school year.

PRINCIPAL _____ SCHOOL _____ DATE _____

I certify that the applicants' scholastic record was average or better during the past school year.

TEACHER _____ SCHOOL _____ DATE _____

I certify that the applicants' scholastic record was average or better during the past school year.

TEACHER _____ SCHOOL _____ DATE _____

I certify the above applicant has no criminal record and has not been arrested by a law enforcement agency in the past year and has no current charges pending. I understand that lying about this will result in immediate disqualification and expulsion from the camp.

APPLICANT'S SIGNATURE _____ DATE _____

I hereby give permission for the above named applicant to attend the Law Enforcement Career Camp. I also give my consent for examination of their Juvenile Records.

PARENT OR GUARDIAN _____ DATE _____

I certify that the above information is correct and that I am interested in considering a future career in the Criminal Justice System. I also give my permission to examine my Juvenile Records. If selected, I understand that I will be expected to comply with the camp's Rules of Conduct at all times.

APPLICANT'S SIGNATURE _____ PRINT APPLICANT'S NAME _____ DATE _____

HEALTH STATEMENT



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APPLICANTS NAME			DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP	PHONE
HEALTH INSURANCE PROVIDER		POLICY NUMBER		
FAMILY PHYSICIAN		DR.'S PHONE		
<p align="center">Applicants must have current protection against diphtheria, tetanus, poliomyelitis, measles and rubella, or a statement from a physician that immunization will be obtained prior to the camp.</p>				
<p>CHECK IF IMMUNIZATION HAS BEEN OBTAINED:</p> <p align="center"> <input type="checkbox"/> Diphtheria <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Measles </p>				
<p>GENERAL PHYSICAL CONDITION OF APPLICANT:</p> <p align="center"> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory </p>				
BLOOD TYPE	CURRENT MEDICATIONS			
<p>LIST ANY PHYSICAL CONDITION THE CAMP DIRECTOR SHOULD BE AWARE OF:</p> <p align="center"> <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Other (Explain) </p>				
<p><i>I understand that this program will involve strenuous physical exercise, and based upon my knowledge of this named individual _____</i></p> <p><i>I believe he/she can fully and actively participate in such a program safely and without undue hazard to his/her health.</i></p>				
PHYSICIAN'S SIGNATURE			PHYSICIAN'S PHONE NUMBER	
PHYSICIAN'S NAME: (Please Print)			DATE	



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LIABILITY RELEASE

APPLICANTS NAME _____

, _____

Parent/guardian of _____
 give my permission for the above-named applicant to participate in the Washington State Kiwanis Youth Law Enforcement Camp (the "Camp") conducted by the Kiwanis Clubs of Washington State and the Washington State Patrol from July 10-16, 2016. I give permission to Kiwanis, it's employees and those acting with its authorization to check the criminal background history of my son/daughter. I hereby give Kiwanis, its employees, and those acting with its authorization, the right and permission to copyright, use, and/or publish photographic pictures or portraits of my son/daughter in magazine, literature, web and direct mail promotion of the Camp.

My son/daughter is not presently under medical care for any physical or mental ailment and is not taking any medication other than what is listed on the Health Statement Form and does not have any physical injuries that may be aggravated by physical activity.

I assume full responsibility for my son/daughter attending the Washington State Kiwanis Youth Law Enforcement Camp and give my permission for my son or daughter to participate in all aspects of the Camp. By signing below, the applicant on behalf of him or herself, and the parent/guardian on behalf of the applicant, and him or herself, and their respective heirs, personal representative, and assigns, hereby release and discharge the Kiwanis Clubs of the Pacific Northwest District, together with any local or affiliate chapter thereof, the Washington State Kiwanis Youth Law Enforcement Camp Incorporated, the Washington State Patrol, and their respective officers, employees, agents, and volunteers, including but not necessarily limited to the individual Camp counselors and instructors from any claims or liability for personal injury or wrongful death that might occur to the applicant resulting from, arising out of, or in any way relating to the applicant's participation in the Camp.

I understand that first aid will be available at the camp, that students will be closely supervised and that if serious injury or illness develops, medical and/or hospital care will be given. I further understand that in the case of serious injury or illness I will be notified. If it is impossible to reach me or I am not reasonably available to grant consent, I give permission for emergency treatment or surgery as recommended by the attending physician.

SIGNATURE OF PARENT OR GUARDIAN	SIGNATURE OF APPLICANT
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ADDRESS _____

CITY	STATE	ZIP
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E-MAIL ADDRESS	HOME PHONE	WORK PHONE	DATE
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Essay by: _____