



A CRIMINAL JUSTICE CAREER ORIENTATION PROGRAM
**Youth Law Enforcement Career
 Camp Application**
An Introduction to a Law Enforcement Career!
July 8 – July 14, 2012



Please Print or Type. Application Deadline is May 14, 2012

QUALIFICATIONS: Applicant must:

- ◆ Be between 15-19 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
 - Law Enforcement Signature (see your local law enforcement agency)
 - 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. (\$500 balance to be paid by sponsor / Kiwanis club)

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"/> \$500 Student Fee Enclosed	SUBMITTED BY (Please Print)			
ADDRESS	CITY	STATE	ZIP	
PHONE	KIWANIS CLUB OR SPONSOR			

APPLICANT INFORMATION



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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>I certify that the applicants' scholastic record was average or better during the past school year.</i>						
PRINCIPAL		SCHOOL			DATE	
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>						
TEACHER		SCHOOL			DATE	
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>						
TEACHER		SCHOOL			DATE	
<i>After a check through WATCH online, the applicant has no criminal record.</i>						
SHERIFF/POLICE CHIEF/or Representative			AGENCY		DATE	
<i>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.</i>						
PARENT OR GUARDIAN					DATE	
<i>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.</i>						
APPLICANT'S SIGNATURE			PRINT APPLICANT'S NAME		DATE	



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



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LIABILITY RELEASE			
APPLICANTS NAME			
<p>I, _____ Parent/guardian of _____ give my permission for the above-named applicant to participate in the Washington State Kiwanis Youth Law Enforcement Camp conducted by the Kiwanis Clubs of Washington State and the Washington State Patrol from July 8 – July 14, 2011. I give permission to Kiwanis, it's employees and those acting on it's behalf 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.</p> <p>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.</p> <p>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 program. On behalf of the applicant, and myself, and our heirs and assigns, the Washington State Kiwanis Youth Law Enforcement Camp Incorporated and the individual camp counselors and instructors and the Washington State Patrol and their academy are hereby released and discharged from any liability for personal injury or wrongful death that might occur to the applicant as a result of the applicant's participation in the camp.</p> <p>I understand that first aid will be available at the camp, that students will be closely supervised and that if serious 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, I give permission for emergency treatment or surgery as recommended by the attending physician.</p>			
SIGNATURE OF PARENT OR GUARDIAN		NAME OF PARENT OR GUARDIAN (Please Print)	
ADDRESS			
CITY		STATE	ZIP
E-MAIL ADDRESS	HOME PHONE	WORK PHONE	DATE