



A CRIMINAL JUSTICE CAREER ORIENTATION PROGRAM
Kiwanis Youth Law Enforcement
Camp Application
An Introduction to a Law Enforcement Career!
August 2 - 7, 2020



Application Deadline is May 10, 2020

QUALIFICATIONS: Applicant must:

- ◆ Be between 15 - 18 years of age (Licensed drivers preferred)
- ◆ Have completed 10th or 11th grade by the beginning of camp
- ◆ Have no criminal record (checked on-line through the WATCH program at wsp.wa.gov)
- ◆ Be healthy and capable of strenuous exercise and stress
- ◆ Be interested in a career in Criminal Justice

INSTRUCTIONS:

After completing this application, email the completed package to Kiwanis Camp, keith.huntley@wsp.wa.gov or mail your application and application fee to: **Kiwanis Youth Law Enforcement Camp, PO Box 381, Olympia, WA 98507-0381**

SUBMISSION CHECKLIST: (Incomplete applications will not be considered)

- Complete the entire application including your signature below, signatures from your principal (or other school administrator) and two teachers, a law enforcement reference, health statement, and a release from your parent/guardian
- Attach the following to your application; a photocopy of your driver's license (driver's permit or passport) and a transcript of your grades
- Send a \$50 check or money order for the application fee made out to *Kiwanis Youth Law Enforcement Camp* to the address above (Please include the applicant's name on the check)
- Contact your local Kiwanis Club and provide the included sponsorship form (if you are unsure how to contact your local Kiwanis Club please send an email to the address above). Our goal is to have every student sponsored by a club **(Please contact us if you need assistance)**

APPLICANT INFORMATION					
APPLICANTS NAME (Last, First, MI)			DATE OF BIRTH (mm/dd/yyyy)		AGE
HOME ADDRESS			CITY	STATE	ZIP
PHONE (555) 555-5555			EMAIL		
DRIVERS LIC. /PERMIT NO. and STATE	GENDER	HEIGHT (Ins.)	WEIGHT (Lbs.)	SHIRT SIZE (S,M,L,XL,2XL,3XL)	
#	State				
<p><i>I certify that I have not been arrested by a law enforcement agency in the past year and I have no current charges pending. I understand that lying about this will result in immediate disqualification and expulsion from the camp. 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></p> <p>Applicant Signature: _____</p> <p align="center">(All information is confidential and will not be shared outside of Kiwanis Youth Law Enforcement Camp Staff)</p>					



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SCHOOL CURRENTLY ATTENDING	SCHOOL LOCATION (City/State)	PLANNED GRADUATION YEAR
SCHOOL AUTHORIZATION		
The following signatures are required to indicate approval of the application – NO RUBBER STAMPS PLEASE Please attach a transcript of your grades.		
PRINCIPAL or OTHER SCHOOL ADMIN (Last, First, MI)	SCHOOL NAME	DATE (dd/mm/yyyy)
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>		
Signature: _____		
TEACHER (Last, First, MI)	SCHOOL NAME	DATE (dd/mm/yyyy)
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>		
Signature: _____		
TEACHER (Last, First, MI)	SCHOOL NAME	DATE (dd/mm/yyyy)
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>		
Signature: _____		
LAW ENFORCEMENT REFERENCE		
LAW ENFORCEMENT OFFICIAL (Last, First, MI) (Rank)	AGENCY NAME	DATE (dd/mm/yyyy)
<i>I certify that as much as I know of the applicant, this person is of good moral character, has the ability and desire to abide by a set of Rules of Conduct and has expressed an interest in a future career in the Criminal Justice System</i>		
Signature: _____		



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HEALTH STATEMENT	
APPLICANT NAME (Last, First, MI)	DATE OF BIRTH
HEALTH INSURANCE PROVIDER	POLICY NUMBER
FAMILY PHYSICIAN NAME	PHYSICIAN PHONE (555) 555-5555
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	BLOOD TYPE: _____
ALLERGIES	
<input type="checkbox"/> Not Applicable	
List: _____	
CURRENT MEDICATIONS	
Medication: _____ Dose: _____ Time of Day Administered: _____	
Medication: _____ Dose: _____ Time of Day Administered: _____	
Medication: _____ Dose: _____ Time of Day Administered: _____	
LIST ANY PHYSICAL CONDITION THE CAMP DIRECTOR SHOULD BE AWARE OF:	
GENERAL PHYSICAL CONDITION OF APPLICANT:	
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <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 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	DATE (mm/dd/yyyy)



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LIABILITY RELEASE

I, _____ the 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. I give permission to Kiwanis, its 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.

(All information is confidential and will not be shared outside of Kiwanis Youth Law Enforcement Camp Staff)

NAME OF PARENT OR GUARDIAN (Last, First, MI)		SIGNATURE OF PARENT OR GUARDIAN		
HOME ADDRESS		CITY	STATE	ZIP
PRIMARY PHONE (555) 555-5555	SECONARY PHONE (555) 555-5555	EMAIL		
1 st ALTERNATE CONTACT (Last, First, MI) <u>-Only if Necessary-</u>		PHONE (555) 555-5555		
2 nd ALTERNATE CONTACT (Last, First, MI) <u>-Only if Necessary-</u>		PHONE (555) 555-5555		



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SPONSORSHIP FORM

THIS PORTION TO BE COMPLETED BY SPONSORING PARTY / AGENCY / KIWANIS CLUB			
Please forward sponsorship fee to: Kiwanis Youth Law Enforcement Camp c/o Camp Administrator P.O. Box 0381 Olympia, WA 98507-0381			
AMOUNT (\$600 recommended)		KIWANIS CLUB or SPONSOR	
ADDRESS		CITY	STATE ZIP
PHONE (555) 555-5555		SUBMITTED BY (Last, First, MI)	
My club our like our sponsored student to provide us a short talk after the camp (Y,N) <div style="display: flex; justify-content: space-around;"> Y N </div>		CONTACT NAME AT OUR CLUB	

Applicant