A CRIMINAL JUSTICE CAREER ORIENTATION PROGRAM

Youth Law Enforcement Career Camp Application

July 25, 2009 through July 31, 2009

Please Print or Type. Application Deadline is May 8, 2009

QUALIFICATIONS:

Applicant must::

- have completed 10th or 11th grade by the beginning of camp.
- have no criminal record.
- be healthy and capable of strenuous exercise and stress.
- be interested in a Criminal Justice career.

INSTRUCTIONS:

After completing this application, return it complete package to the state Kiwanis representative
Attn: Camp Coordinator, PO Box 381, Olympia, WA 98507-0381

SUBMISSION CHECKLIST:

☐ COMPLETED application including:

- o Principal's Signature
- o Recommendations from two teachers
- o Transcript of your grades
- o Law Enforcement Signature (see your local law enforcement agency)
- o Parent's Signature
- o Photocopy of Driver's License

☐ Health Statement including Physician's Signature

☐ Liability Release

☐ Essay of at least 100 words on "Why I Would Like to Attend Law Enforcement Career Camp"

☐ $35 check for application processing to be paid by applicant.

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 Coordinator** **P.O. Box 381** **Olympia, WA 98507-0381**			
☐ $500 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 LAST COMPLETED		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 to the best of my knowledge the applicant has no criminal record.

SHERIFF/POLICE CHIEF AGENCY 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.

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:

☐ Diphtheria ☐ Poliomyelitis ☐ Rubella ☐ Tetanus ☐ Measles

GENERAL PHYSICAL CONDITION OF APPLICANT:

☐ Satisfactory ☐ Unsatisfactory

BLOOD TYPE	CURRENT MEDICATIONS

LIST ANY PHYSICAL CONDITION THE CAMP DIRECTOR SHOULD BE AWARE OF:

☐ Diabetes ☐ Allergies ☐ Other (Explain)

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.

PHYSICIAN'S SIGNATURE	PHYSICIAN'S PHONE NUMBER
PHYSICIAN'S NAME: (Please Print)	DATE

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LIABILITY RELEASE

APPLICANTS NAME

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 in July of this year.

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 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.

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.

SIGNATURE OF PARENT OR GUARDIAN	NAME OF PARENT OR GUARDIAN (Please Print)

ADDRESS			
CITY		STATE	ZIP
E-MAIL ADDRESS	HOME PHONE	WORK PHONE	DATE