



Jean Minguy Memorial RCMP Youth Academy

The Jean Minguy Memorial RCMP Youth Academy will be held at the Vernon Army Camp, from **Sunday, May 5 to Saturday, May 11, 2019**. The Youth Academy is dedicated to Cst. Jean Minguy, who lost his life while on duty in June, 2005. Cst. Minguy was an integral part of the RCMP Youth Academy, acting as both a facilitator and a volunteer.

The RCMP, in partnership with School District 22, have designed this work experience program for students aged 16-18 (as of April 1, 2019), who are interested in police sciences or law enforcement as a potential career. It simulates a Police Academy environment in which the students experience a variety of activities that a police cadet would have to complete, but in a condensed format. Students receive instruction and lectures on Law, Criminal Code, Police Defence Tactics, Traffic Studies, Physical Training and a variety of other topics. They will be involved in a great deal of role playing scenarios and will be required to work in a team capacity. Full participation is required to successfully complete the week.

The cost is \$350 per student. This fee includes meals, lodging and all stationary for the week. Students will also receive a t-shirt, track suit, ball cap and a Certificate of Completion. A **mandatory meeting** for all successful applicants and their parents will take place approximately 3 weeks prior to the camp at Vernon Secondary School. All successful applicants will receive an email with additional details at a later date.

All Applicants must complete the application package and submit it through his/her Career Coordinator. Please send all application packages for processing to Career Programs SD22, 2301 Fulton Road, Vernon BC, V1H 1Y1, **no later than January 31, 2019**. The Application packages will then be sent to RCMP School Resource Officer, Cst. Daniel COCKS for review and final approval.

RCMP will notify all successful candidates by email approximately one month after the application deadline of their conditional acceptance, pending fitness test results. All participants must complete a Fitness Test which will take place in March (dates to follow). The Fitness Test for Vernon and area students will be held **before spring break**. Successful applicants will receive an email with additional details at a later date. ***Students are strongly encouraged to train for this testing to give themselves the best opportunity to succeed.**

The Jean Minguy Memorial RCMP Youth Academy is an excellent learning experience and will be extremely challenging both mentally and physically. If you have any questions or concerns, please contact your Career Coordinator or Mr. Tim Thorpe at School District 22 tthorpe@sd22.bc.ca (250)549-6921 or email Cst. Daniel COCKS at daniel.cocks@rcmp-grc.gc.ca or (250)545-7171 ext 7150.

Any question about acceptance, once the applications have been submitted, can be directed to Cst. Cocks.

Thank you for your interest!

Cst. Daniel COCKS, School Resource Officer, Vernon RCMP



The Jean Minguy Memorial RCMP Youth Academy Application Package

Last Name First Name
School

In order to qualify for the RCMP Youth Academy, the following application steps must be completed. Only complete applications will be accepted, any incomplete applications will be returned to the sender.

- | | |
|---|--|
| <input type="checkbox"/> Application Form - included | <input type="checkbox"/> Minimum one page hand written personal letter in support of this application showing commitment to completing the RCMP Youth Academy. |
| <input type="checkbox"/> Teacher Statement of Recommendation - Included | <input type="checkbox"/> High School Transcript |
| <input type="checkbox"/> Parent / Guardian Permission and Liability Waiver - Included | <input type="checkbox"/> Resume with names of three (3) references. |
| <input type="checkbox"/> Criminal Record Check - Included | <input type="checkbox"/> High School Attendance Record |
| <input type="checkbox"/> Medical Questionnaire - Included | <input type="checkbox"/> High School Discipline Record |
| <input type="checkbox"/> One (1) letter of reference from a community member (Not Family) | <input type="checkbox"/> A Recent Photo |
| <input type="checkbox"/> Career Coordinator Statement of Recommendation (Below) | <input type="checkbox"/> Student Field Trip Form. (Use own Districts) |

Fitness TEST to be done at a later date. The procedure to train for is as follows:

1. Run 2.4 kms (6 laps of a 400 meter track) in less than 15 minutes.
2. Perform the maximum number of body pushups (from toes) in 60 seconds - minimum 15 reps.
3. Perform the maximum number of sit-ups in 60 seconds or perform the maximum number of partial curl-ups as per Canadian Standardized Test of Fitness (C.S.T.F.) - minimum 30 reps.

Career Coordinator Statement of Recommendation

Please agree and check the following statements.

- I have read over and attest to the completion of this application.
- I have read the discipline record and reviewed it with the Principal if there are any issues.
- I recommend this student for the RCMP Youth Academy.

Career Coordinator Name

Phone Number Email

Date/Time Field Signature

Jean Minguy MEMORIAL RCMP Youth Academy Candidates General Rules and Regulations

1. Once at the academy site, candidates shall not leave the Vernon Army Cadet Camp property without specific direction from staff.
2. Candidates shall turn in all medication(s) to staff immediately upon arrival. Designated staff will supervise candidates' 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.
7. Candidates are responsible to ensure the cleanliness and organization of facilities, including assigned candidate quarters, in accordance with directions from staff. Personal quarters (rooms) will be subject to daily inspections.
8. Candidates shall use only those camp facilities assigned to them and not make use of other facilities/ amenities without specific direction from a staff member.
9. Candidates shall remove earrings/body piercing(s) for the duration of the academy. Women shall maintain their hair up and off the collar, may wear small/plain stud earrings.
10. Candidates must, at all times, follow and obey all directions of staff.
11. Full Disclosure of any injuries must be disclosed to any staff, prior and during the academy. The disclosure is to ensure your continued health.

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 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 General Regulations and Rules.

Student Signature

Date:

Parent Guardian
Signature

Date:

GENERAL INFORMATION:

PLEASE PRINT (if you require additional space please use the reverse of this form)

| Name | (Last Name) | (First Name) | (Middle Name) |
|----------------------|-------------|--------------|---------------|
| <input type="text"/> | | | |

| | | | |
|---------|----------------------|------|----------------------|
| Address | <input type="text"/> | City | <input type="text"/> |
|---------|----------------------|------|----------------------|

| | | | |
|--------------|----------------------|-------------|----------------------|
| Phone Number | <input type="text"/> | Postal Code | <input type="text"/> |
|--------------|----------------------|-------------|----------------------|

| | | | | | |
|---------------|----------------------|-----|----------------------|----------------------------|------------------------------|
| Date of Birth | <input type="text"/> | Age | <input type="text"/> | <input type="radio"/> Male | <input type="radio"/> Female |
|---------------|----------------------|-----|----------------------|----------------------------|------------------------------|

| | | | | | |
|-----------|----------------------|--------|----------------------|--------|----------------------|
| Care Card | <input type="text"/> | Height | <input type="text"/> | Weight | <input type="text"/> |
|-----------|----------------------|--------|----------------------|--------|----------------------|

| | | | | | |
|-------|----------------------|--|--|--|--|
| Email | <input type="text"/> | | | | |
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|--------------|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|---------------------------|-----------------|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|---------------------------|
| T-Shirt Size | <input type="radio"/> XS | <input type="radio"/> S | <input type="radio"/> M | <input type="radio"/> L | <input type="radio"/> XL | <input type="radio"/> XXL | Track Suit Size | <input type="radio"/> XS | <input type="radio"/> S | <input type="radio"/> M | <input type="radio"/> L | <input type="radio"/> XL | <input type="radio"/> XXL |
|--------------|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|---------------------------|-----------------|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|---------------------------|

| | | | |
|-------------------|----------------------|-------------------|----------------------|
| Drivers License # | <input type="text"/> | Province of Issue | <input type="text"/> |
|-------------------|----------------------|-------------------|----------------------|

| | | | | | |
|--------|----------------------|------|----------------------|-------|----------------------|
| School | <input type="text"/> | City | <input type="text"/> | Grade | <input type="text"/> |
|--------|----------------------|------|----------------------|-------|----------------------|

| | | | |
|---------------|----------------------|--------|----------------------|
| Family Doctor | <input type="text"/> | Phone# | <input type="text"/> |
|---------------|----------------------|--------|----------------------|

| | | | |
|---------|----------------------|--|--|
| Address | <input type="text"/> | | |
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| | | | |
|--------------|----------------------|------------|----------------------|
| Mothers Name | <input type="text"/> | Cell Phone | <input type="text"/> |
|--------------|----------------------|------------|----------------------|

| | | | |
|------------|----------------------|------------|----------------------|
| Home Phone | <input type="text"/> | Work Phone | <input type="text"/> |
|------------|----------------------|------------|----------------------|

| | | | |
|---------|----------------------|--|--|
| Address | <input type="text"/> | | |
|---------|----------------------|--|--|

| | | | |
|--------------|----------------------|------------|----------------------|
| Fathers Name | <input type="text"/> | Cell Phone | <input type="text"/> |
|--------------|----------------------|------------|----------------------|

| | | | |
|------------|----------------------|------------|----------------------|
| Home Phone | <input type="text"/> | Work Phone | <input type="text"/> |
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| Address | <input type="text"/> | | |
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|----------------|----------------------|------------|----------------------|
| Emergency Name | <input type="text"/> | Cell Phone | <input type="text"/> |
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| | | | |
|------------|----------------------|------------|----------------------|
| Home Phone | <input type="text"/> | Work Phone | <input type="text"/> |
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Please list your hobbies and or interests:

Please list any special skills/experience:

Please describe any volunteer work that you have done:

Organization:

Duties:

Please list courses or lectures you have taken to further your interest in police work:

Why do you wish to take part in this program?

In your own handwriting, explain your view of the police officer's role in society. (Add another page if necessary):

Teacher Statement of Recommendation

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine candidates for the RCMP Youth Academy. A quality response to the general comments section is also important.

| | | | |
|--------------|----------------------|-----------------|----------------------|
| Student Name | <input type="text"/> | School | <input type="text"/> |
| Teacher Name | <input type="text"/> | Teacher Phone # | <input type="text"/> |
| Subject | <input type="text"/> | Teacher Email | <input type="text"/> |
| Signature | <input type="text"/> | Date | <input type="text"/> |

| | POOR | | TO | | EXCELLENT |
|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Attendance / Punctuality | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

Comments

| | | | | | |
|------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Work Ethic | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
|------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

Comments

| | | | | | |
|----------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Attitude | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
|----------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

Comments

| | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Initiative / Motivation | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

Comments

| | | | | | |
|----------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Interpersonal Skills | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
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Comments

General Comments

RCMP CRIMINAL RECORD / POLICE INDICES CHECK

Full Given Name

I,

,give permission to the Royal Canadian Mounted Police to obtain all information necessary to qualify me in the Jean Minguy Memorial RCMP Youth Academy. 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 request.

Note: Any false information given in this application will be grounds for denial, or if accepted, immediate dismissal.

Applicants Signature

Date (YY/MM/DD)

Parent/Guardian's Signature

Date (YY/MM/DD)

FOR POLICE USE ONLY: (these check boxes are for police only, please check applicable box)

CPIC Persons Check:

CPIC CNI/CR:

PIRS/PRIME:

Driving Record:

Interview Notes:

Police Interview/Recommendations:

Police Interviewer's Name:

Date

Approved:

YES

NO

PARENT / GUARDIAN PERMISSION AND LIABILITY WAIVER

I, _____, the guardian / parent of _____ hereby give permission for _____ to participate in the JEAN MINGUY MEMORIAL RCMP YOUTH ACADEMY work experience program. I understand that _____ will be involved is a variety of activities including but not limited to firearms training. I understand that _____ will be required to provide his / her own transportation to the site. I further acknowledge that some physical activity will be involved and state that _____ is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required, to ensure that _____ will be capable of participating in the physical activities. I also understand that there could be media coverage of this event which could include a photo, my child's name, and comments. This information could show up on RCMP advertising or on School District #22 websites or any other school's website.

Further, the undersigned agrees to assume all risks of participating in the JEAN MINGUY MEMORIAL RCMP YOUTH ACADEMY, and does hereby remise, release, and forever discharge the ROYAL CANADIAN MOUNTED POLICE, its servants and agents, from any and all manner of actions, debts, claims and demands, that said undersigned may have any reason of any manner arising out of the said activities organized by the ROYAL CANADIAN MOUNTED POLICE - VERNON, during the JEAN MINGUY MEMORIAL RCMP YOUTH ACADEMY.

In witness whereof I have set my hand this date: Year: _____, Month: _____
Day: _____ at the City of _____.

Witness Signature

Candidate's Signature

Witness Signature

Parent / Guardian Signature

MEDICAL QUESTIONNAIRE

Applicant's Name

School District

PLEASE READ THE FOLLOWING CAREFULLY:

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 and **injury free**.

The physical components of the RCMP Youth Academy include a conditioning program, participation in team sport games, and simulations of police scenarios, involving chasing, controlling and apprehending suspects.

The students will be exposed to a simulated physical ability requirement evaluation, which is currently required for RCMP entry. This is a physically rigorous test. 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 guardians have any concerns.

Read and honestly answer each of the following questions. Any information regarding injuries must be volunteered. **If it is not, and the injury surfaces during the activities at the RCMP Youth Academy, the student may be expelled.**

1. List any injuries or illnesses affecting physical activity.

2. Have you been under a doctor's care for any reason within the preceding two (2) years? Yes If yes, explain:

3. Do you have a bone or joint problem that could be aggravated by physical activity? Yes If yes, explain:

4. Do you feel pain in your chest while you exercise physically?

5. Do you experience dizziness, or do you ever lose consciousness?

6. Are you currently on medication? Yes If yes, explain:

7. Do you smoke?

How much?

8. Please list any dietary restrictions.

Student Signature:

Parent/Guardian Signature:

SCHOOL DISTRICT NO. 22 (VERNON)

Student Field Trip - Informed Parent Consent

SCHOOL: _____ STUDENT'S NAME: _____

REGARDING: ATTENDING THE RCMP YOUTH ACADEMY

LOCATION: VERNON ARMY CAMP, HWY 97, VERNON, BC

DATE OF PROGRAM: FROM May 5, 2019 TO May 11, 2019

These activities, which are approved by the school, will be under the supervision of the school staff or person(s) (RCMP personnel) designated by the Principal. I understand that my child will be required to adhere strictly to the rules and regulations as determined by the school.

I understand that the School District accepts no liability in connection with this activity beyond that which might arise from my child's attendance at school during normal operating hours.

I agree to appoint the teacher or other supervisory personnel (RCMP personnel) - as my agent to engage medical attention or hospitalization if in their consideration, if my child requires same.

To the best of my knowledge, other than as noted below, my child has no physical or medical disability that would present any problem in attending the RCMP Youth Academy.

THE FOLLOWING TO BE COMPLETED FOR OVERNIGHT AND LONGER TRIPS:

Please list below any allergies or ailments your child is subject to and precautions to be taken:

INFORMED CONSENT

This program is designed to place students in a RCMP Academy environment. Due to the nature of the program there are risks and potential hazards associated with the activities of the program. Students will be engaging in a variety of physical training, including self defense training, physical fitness drills, and police tactics training. They will be participating in role playing scenarios where the students will take on the role of a police officer. The RCMP helicopter will be used to take the students on an aerial view of the Greater Vernon area.

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree all these activities, as described above, are suitable for your child.

My child is covered by (Please check where applicable)

Medical Insurance MSP _____ Care Card # _____

EHB _____ Other _____

BC Hospital Insurance Yes _____ No _____

Student Accident Insurance Yes _____ No _____

I hereby voluntarily give my consent to School District No. 22 (Vernon) for my child to participate in the above program.

Parent/Guardian (print)

Signature of Parent/Guardian

Date