**Lower Mainland Public School District**

**2017 RCMP Youth Academy**

**“*A Work Experience Partnership*”**

**2017 Application & Information Package**

**Application Instructions:**

* Please ensure that you pay close attention to detail when completing this application
* Print out this application (21 pages) using the **Single-sided** printing option…  
  do **NOT** print back-to-back (different RCMP departments need different pages)
* This application is to be completed by the **STUDENT applicant only**  
  (parents/guardians are encouraged to read over for accuracy, but not to complete)
* **Read the whole application very carefully**.  
  Use **blue** or **black** **ink** (not pencil), complete all necessary information.  
    
  If there is a section or question that is not applicable to you,   
  place “**N/A**” on that line
* Completed applications are due to your **high school counsellor** or **Career Programs Advisor** by **Thursday, December 1, 2016**.  
    
  An **incomplete** or **late** application package **may result in your elimination from the selection process**
* Submit your **completed** (unstapled) application in a large envelope **in the following order**:
  + **“Pages 9** – **21”** (do not include pages 1 – 8… keep for your own reference)
  + **“BC Diploma Verification”** form… ask your counsellor for this print out
  + **“Resume”**
  + **Two “Letters of Reference”** (one must be from your high school.. both must be signed )
* General timeline, after your submission:
  + December to mid-January = RCMP and school districts checks
  + early-January = Physical Fitness Test
  + mid January = Personal Interview
  + end of January = 10 ‘cadets’ + 1 ‘alternate’ selected and notified by mail

**All application packages will be kept confidential within the school district and the RCMP.**

**A complete application will include all the “completed” and “attached” points listed below.**

**Complete on the actual application:**

* Academy Rules and Regulations [p. 7-8]
* Applicant Personal Information [p. 9-13]
* Applicant’s Declaration [p. 14… ***RCMP will sign at personal interview***]
* Parent’s/Guardian’s Declaration [p. 15]
* School Administrator’s and Sponsor’s Declarations [p. 16]
* Criminal Record and Police Indices Check [p. 17]
* Application Form Questions [p. 18]
* Physical Fitness Test [p. 19… ***top two lines only*** ]
* Media Coverage and Photography Notice [p. 20]
* Police Observer Program Waiver [p. 21]

**Must Include:**

* **BC Diploma Verification** Form (see your counselor for this document)
* A typed **Resume** (no longer than 2 pages) which must include the following information:
* Any previous RCMP and or Police Youth Academies you have attended and or applied for
* Any hobbies and or interests
* Any special skills and or experience you have
* Any community service activities you have participated in
* Any volunteer work you have done and include the organization and duties
* Any jobs you have had and the position you held, beginning with the most recent
* Any courses, lectures, work experiences or other activities you have taken to explore your interest in police work
* Any activities you participate in to maintain a healthy and active lifestyle including the frequency and duration of these activities
* List three (3) references, not related to you and include their name, address, contact number and relationship
* **Two** **Letters of Reference** (one must be a high school reference… ensure both are **signed**)

**If you are accepted into the Youth Academy, you will need to**

* Complete a “Non-Standard School District Worksite Agreement Form”  
  (Your School Work Experience Teacher or School Counsellor can help you get this form)
* Provide proof of liability insurance by photocopying either:
  + your own family plan insurance (ex: Blue Cross insurance card), **or**
  + the School Plan Accident Liability Insurance (ex: Kids Plus)

(If you are using the school plan with your school’s Work Experience teacher or the main office)

* Pay the academy fee at a later “Parent-Student-RCMP-District” meeting

Dear Academy Applicant:

This program is designed for the participation of fifty high school students aged 16 to 18 (as of December 31, 2016) who are interested in police work as a possible future career. The five public School Districts of; Burnaby, Coquitlam, North Vancouver, Richmond, and Surrey have initiated a partnership agreement with the RCMP to provide this unique opportunity. Each School District is allotted ten (10) spaces in the Youth Academy.

This year’s RCMP Youth Academy will be held from **Wednesday, April 12, 2017, to Thursday, April 20, 2017** (inclusive)**.** It is important to remind students that this period of time is before, during and after the four-day Easter long weekend.

This program is designed to place the students in a simulated RCMP training environment and involves role-playing the realities of policing. The students that successfully complete each phase of the selection process will attend the Academy and experience some of the variety of activities that an RCMP Cadet would experience but in a condensed format. Students will receive instruction and lectures on law, social and communication skills, physical training, as well as some police tactics and variety of other topics. Students will be involved in a great deal of role-playing scenarios where they will take turns taking on the role of a police officer or will be observing the role play in order to share their observations at the end. This process will require students to frequently speak in front of groups while being evaluated by the instructional staff and their peers. Students will be required to work in a team and partake in all the planned activities.

**A study manual will be handed out prior to the Academy. Pre-reading is required prior to attending and the students will be tested on the material on the first day of the Academy.**

The cost for the student to participate is **$800**

A uniform, all meals, lodging and stationary items will be supplied.

Upon successful completion of this Academy, students will gain credit for Work Experience 12A.

A list of Academy rules will be given to each successful applicant; students who do not comply with these rules or who arrive with physical or other limitations that preclude their full participation will be sent home without a refund. If a student cancels before the academy begins, monies may not be refunded.

This Academy is an excellent learning experience, but will be extremely challenging both mentally and physically. If you have any questions, please contact either your school Counsellor or Work Experience Teacher, District Coordinator, or your RCMP School Liaison Officer.

Thank you for your interest in participating in this unique learning experience.

**RCMP YOUTH ACADEMY REQUIREMENTS AND INFORMATION**

Applications are open to students attending public secondary school in the municipalities of:  
Coquitlam, Burnaby, North Vancouver, Richmond and Surrey.

**The applicants must meet the following criteria to be considered:**

* Be at least 16 years of age (as of December 31, 2016)
* Have genuine interest in police, or related, work as a career
* Be in good standing in all classes
* Have a very good “attendance” and “lates” record at school; good “work habits” (ideally, all ‘S’ or ‘G’)
* Display a willingness to: communicate, work cooperatively with others, take direction, and be receptive to feedback
* Complete the application package themselves
* Be able to communicate effectively (orally, reading and writing) in English
* Be recommended by school staff (referred to later as ‘sponsor teacher’)
* Be physically fit, healthy and successfully complete the physical fitness test as per attached application
* Be a non-smoker for the duration of the Academy
* Give up the use of personal electronic, media and communication devices for the duration of the Academy **(These devices are not to be brought to the Youth Academy)**
* Adhere to the RCMP standards of dress and grooming for uniformed police officers
* Complete the top portion of the form for a criminal record and police indices check.  
  **Do not take this form to an RCMP Detachment**. RCMP members from your detachment who are involved in the Youth Academy will conduct a criminal record check for you.
* Students who have previously attended and completed the RCMP Youth Academy are not eligible to apply again.

**Medical Issues:**

* Police Officers must maintain a high level of fitness to perform their duties effectively and professionally.   
  At the RCMP Youth Academy, students will be expected to be in good condition as well as injury and illness free. Any information regarding injuries or illness must be disclosed immediately to the Academy staff. The report of injuries, illness or medical conditions does not necessarily exclude participation at the RCMP Youth Academy. However, if the injury, illness or medical condition surfaces during the activities at the RCMP Youth Academy, the student may be sent home. All information regarding injuries, illness and medical conditions will remain confidential.
* The physical components of the RCMP Youth Academy include a conditioning program, participation in team sport games, and simulations of police scenarios involving apprehending and controlling subjects.
* The students will be exposed to a rigorous simulated physical ability requirement evaluation, which is similar to that currently required for RCMP applicants. 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 that applicants undergo a medical examination by a physician if the applicant or the parents or guardians have any concerns or are uncertain if the student is prepared.
* It is highly recommended that students have a personal or school accident liability insurance plan. Information about the school plan is available on-line on your school district website,

**Selection Process:**

* Applications must be handed into your Career Programs Advisor by the date listed in this application
* Upon successful completion of **security screening**, applicants will be contacted by the RCMP to participate in the **Physical Fitness Test** (push-ups, sit-ups, run)
* Upon successful completion of Physical Fitness Test, applicants will be contacted by the RCMP to participate in a **personal, oral interview** process scheduled for mid- to late-January
* Final selections will be made by Friday, January 27, 2017. All interviewed applicants will be notified in writing of their standing shortly thereafter.
* A **MANDATORY** information session for students and their parents or guardians will be held on Wednesday, March 08, 2017, at 7 p.m., at Burnaby Central High School located at 6011 Deer Lake Parkway, Burnaby, B.C. Uniform measurements will be taken at that time. The pre-reading study material will also be issued. All Alternate Applicants **MUST** attend this meeting as well.

**Physical Fitness Test Preparation:**

Applicants should begin doing daily physical activity **now**, of some kind, in order to help prepare them for the sit-ups, push-ups and run that will be conducted in early-January. Students who do not pass all categories of the physical fitness test will not continue in the application process.

**Personal Interview Preparation:**

* The personal interview will happen in mid-January at a location TBD.  
  Dress and act appropriately for a professional interview.  
  Besides you, there will be 1-2 RCMP members interviewing.  
  It will last approximately 15 minutes.
* During your interview, some of the questions you will be asked may include:
  + Reference to marks, work habits, attendance, and/or lates at high school
  + Involvement in school- or district-based activities
  + Key points that you were asked to include on your resume  
    (ex: volunteer, work exp., community involvement, physical fitness and healthy life style decisions, research about RCMP career)
* In order to be prepared for your interview it is recommended that you take some time before hand to think about some of the experiences you have had, some of the choices you have made and anything you feel you have learned from them
* Some of the questions will cause you to think about decisions you have made in your past and what you have learned from them. These questions will give you an opportunity to think about and discuss your sense of **honesty**, integrity, compassion, professionalism, respect and **accountability**.

**‘ACCIDENT AND LIABILITY INSURANCE’**

Your son, daughter, or ward is currently participating in a work experience program that is organized and monitored by teachers.

Placements are made with many different employers and organizations throughout the Lower Mainland. Worksites are considered either Standard or Non-Standard under the Workers' Compensation Act.

A Standard Work Site is a location at which a worker carries out career related tasks and responsibilities under the general supervision of a work-site employer. It also applies to a situation of self-employment. This Standard work site is covered by the Workers' Compensation Act.

A **Non-standard Work Site** is a location created by a school or school board for the purpose of training students for an occupation or career, or an existing public or private training institution in which a student is placed for training purposes.

**Workers' Compensation Board coverage does not apply on a Non-standard work site.**

For the purposes of the Lower Mainland School District RCMP Youth Academy your son, daughter or ward has **an opportunity for work experience placement at a Non-standard worksite. The Youth Academy is not held on RCMP property**.

In order to ensure some liability coverage for students participating in non-standard worksite work experience situations it is highly recommended that you have or purchase student accident insurance for your son, daughter or ward prior to placement at this type of work site.

Information on a student accident insurance policy (“Kids Plus”: www.kidsplus.ca/buy) is available through the school. Coverage for one student for one year is usually around $13.50. The coverage is usually offered to all students at the start of each school year.

If you have any questions please contact the school Career Education Centre.

Some students may already have this coverage under their Parent or Guardian. The coverage is not part of MSP and is usually privately arranged through an employers extended benefit package such as Blue Cross.

If your son, daughter or ward is accepted into the Youth Academy it is strongly recommended that you have insurance coverage.

**RCMP YOUTH ACADEMY RULES AND REGULATIONS**

1. Once at the Academy site, students shall not leave the Stillwood Camp and Conference Centre property without specific direction from staff.

2. Students shall turn in all medications to the Academy Medical Staff immediately upon arrival. Designated staff will monitor the taking of medication as prescribed. Ana-kits and inhalers shall be reported upon arrival; however, will be retained by the student.

3. Alcohol, non-prescription drugs and any other intoxicants are prohibited.

4. Smoking is not permitted at the Academy at any time.

5. Students shall not enter the accommodations or rooms of the opposite gender, unless accompanied by a staff member.

6. Students shall remain in their assigned living quarters from 2130 to 0530 hours, unless specifically directed otherwise by staff or in the event of an emergency.

7. Students are responsible to ensure the cleanliness and organization of facilities, including assigned student quarters (dorms) in accordance with directions from staff. Personal quarters (dorms) will be subject to daily inspections.

8. Students shall use only those camp facilities assigned to them and not make use of other facilities or amenities without specific direction from a staff member.

9. Students shall comply with the following basic RCMP dress, deportment, and personal grooming regulations for **uniform RCMP personnel**:

**Both male and female students will:**

* Remove all jewellery, rings, bracelets, necklaces, earrings, oral piercings and all other body piercings that are not covered by clothing, for the duration of the Academy.
* Wristwatches are strongly recommended.
* Hair that is coloured must be of a uniform, naturally occurring colour.
* Hair may not be spiked up. Nail polish and cosmetic products are not to be worn.
* For allergy reasons, the Academy is a scent free environment.

**Male students will:**

* Have their hair cut in a style that is above the collar of a collared shirt (not a t-shirt). Hair must be cut so that will not cover the ears. Bangs are not to cover the eyes or eyebrows. Sideburns are to be no longer than the top third of the ear.
* Faux-hawks are not acceptable.
* All male students will be clean-shaven and will shave daily if necessary. A trimmed moustache is acceptable. Goatees, beards, and long sideburns are not acceptable.

**Female students will:**

* Maintain their hair up and off the collar, away from the ears and clear of the forehead.

**The regulations described above do not detail the provisions, which are in place to accommodate religious and cultural requirements. These can be addressed individually upon the request of the student.**

1. The issued uniform, including hats, will be worn when and as directed.
2. Personal electronic devices (laptops, iPods, cell phones, blackberries etc.)  
   are not permitted at the Academy.
3. Due to the compressed format of the Academy syllabus there are no provisions in place to accommodate time away from the Academy or for visits at the Academy site.
4. Students must, at all times, follow and obey all directions from the Academy staff.
5. Full disclosure of any injuries or illness must be made to an Academy staff member, prior to or during the Academy. The disclosure is to ensure the continued health of the Student.

**Important Notice for Parents and Students**

**Any Student who fails to comply with the rules, regulations, staff directions or staff guidance, or who become disruptive to the Academy, may have their participation in the Academy cancelled and will be immediately returned home at their own expense without any refund of the student fees.**

**RCMP YOUTH ACADEMY PERSONAL INFORMATION FORM**

**(Please Print)**

**STAFF USE ONLY:**

Section Number: \_\_\_\_\_\_

Dorm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information:**

School Name:

School District: Burnaby SD #41

Present Grade: 11 12 (please circle)

School Contact (first and last name):

School Contact for Parent/Guardian Work Telephone Number:

**Applicant (Student) Personal Information:**

**Note:**

* + **Students should fill this portion out themselves however it is recommended that a parent or guardian be consulted to ensure accuracy**
  + **Your legal name is what appears on your birth certificate, immigration documents, passport, and drivers licence**
  + **Your preferred names is the name most people know you by**

Your full **Legal** last name:

Your full **Legal** first name:

Your full **Legal** middle name:

m

Your **preferred** name (name you use at school):

Your full Home (mailing) Address:

City:

Postal Code:

Your Telephone Number:

Your Email Address (print very clearly):

Your Citizenship Status:

How Long Have You Lived In This City:

Have You Lived In another City, Province, or Country:

If you have, where? (list all):

How long did you live there? (list all):

Date of Birth: (yyyy/mm/dd)

Place of Birth [city, province, country (if outside Canada)]:

Gender: male female (please circle)

Age:

Hair Colour:

Eye Colour:

Height: cm

Weight: kg

Do You Have A Drivers Licence: yes no (please circle)

If ‘yes’, from which Province Is It issued?

If ‘yes’, Driver’s License Number:

Care Card Number:

It is presumed that most high school students live with at least one supervising adult who is responsible for them.

For the purposes of this application this person is referred to as your Parent or Guardian, although they may be a step-parent, foster-parent, grand-parent, uncle, aunt, adult brother or sister, or some other type of relative or legally appointed supervisor.

Students who live on their own should advise their school counsellor or Career Programs Advisor when they submit their application.

The next few lines of information apply to your Parent or Guardian.

Full **legal** last name:

Full **legal** first name:

Gender: male female

Home telephone number:

Cellular telephone number:

Work telephone number:

What is their relationship to you?

In case you become ill or are injured while you are at the Youth Academy, please list two (2) other people who can be contacted to help out in this situation.

The Youth Academy staff will contact the parent or guardian you listed above first, but if for some reason they cannot be reached we require two more. These emergency contacts must:

* listed in the order that they should be contacted,
* be adults who have a car and are able to drive,
* live in the Lower Mainland and who will be available during the Academy,
* ideally be parents, relatives, or legal guardians, **and**
* be informed, by you, that they are being listed as an emergency contact

**Contact #1**:

Full Last Name:

Full First Name:

Gender: male female

Full Address:

Home Telephone Number:

Cellular Telephone Number:

Work Telephone Number:

What is their relationship to you?

**Contact #2**:

Full Last Name:

Full First Name:

Gender: male female

Full Address:

Home Telephone Number:

Cellular Telephone Number:

Work Telephone Number:

What is their relationship to you?

**APPLICANT MEDICAL INFORMATION**

**(Please Print)**

Family Doctor name:

Address:

Telephone Number:

Please list any allergies to specific foods:

Please list any dietary considerations: (ex: Vegetarian, Ovo-lacto etc...)

Please list any allergies to any medications:

Please list any conditions you have which might require consideration within certain types of educational or occupational environments: (For example: Dyslexia, Epilepsy, Diabetes, etc...)

Please list any conditions, injuries or illnesses affecting your physical activity:

If you have been under the care of a Doctor for **ANY** reason within the preceding two (2) years please explain:

If you are currently on any medications please list them and include the reason for taking them:

What was the date of your most recent tetanus shot (immunization)?

**RCMP YOUTH ACADEMY   
STUDENT DECLARATION**

I, (print **Applicant**’s name) ,   
declare that I have read **ALL** the information, especially the first eight pages where it clearly stated all the rules, regulations and expectations, in the RCMP Youth Academy package.

I asked any questions that I might have had about the academy with my parents/guardians; school personnel (ex: counsellor, administrator, teachers, work experience teacher…) and/or school district personnel (ex: district coordinator).

I understand that the RCMP Youth Academy will be a physically demanding program.

I am not aware of any existing medical conditions or physical problems that would place me at risk by taking part in the program.

I have personally answered all questions honestly.

I am prepared to undertake the challenges presented at the Academy.

I understand that my acceptance for the RCMP Youth Academy will be based, in part, on the expectation and confirmation that my behaviour both within my school district and within my community will have been beyond reproach.

I understand that; at any point in the application process and, if accepted, at any point after my application has been accepted, I will immediately notify my School District representative and their RCMP representative of any circumstance, within my school district and or within my community, or adverse contact with the police, that may bring the appropriateness of my behaviour into question.

I understand that such circumstances as stated above may not necessarily result in my being removed as an applicant or student for the RCMP Youth Academy however, a failure to disclose or conceal any of the circumstances mentioned above will result in my removal as an applicant or student.

Applicant Signature: Date:

( yyyy-mm-dd )

RCMP Member Signature: Date:

(constable will sign at Personal Interview… leave blank until then) ( yyyy-mm-dd )

**RCMP YOUTH ACADEMY   
PARENT OR GUARDIAN DECLARATION**

I, (print **Parent** or **Guardian** name) ,   
declare that I have read **ALL** the information, especially the first eight pages where it clearly stated all the rules, regulations and expectations, in the RCMP Youth Academy package.

I asked any questions that I might have had about the academy with my son/daughter/ward; school personnel (ex: counsellor, administrator, teachers, work experience teacher…); and/or school district personnel (district coordinator).

I have read over the answers/responses of the applicant, and support the honesty and accuracy that my son/daughter/ward has answered all the questions.

I totally support my son’s/daughter’s/ward’s application.

I understand that the RCMP Youth Academy will be a physically demanding program.

I am not aware of any existing medical conditions or physical problems that would place my son/ daughter/ward at risk by taking part in the program.

I declare that my son/daughter/ward is prepared to undertake the challenges presented at the Academy.

I understand that my son’s/daughter’s/ward’s acceptance for the RCMP Youth Academy will be based, in part, on the expectation and confirmation that their behaviour both within our school district and within our community will have been beyond reproach.

I understand that; at any point in the application process and, if accepted, at any point after my son’s/daughter’s/ward’s application has been accepted, they will immediately notify their School District representative and their RCMP representative of any circumstance, within our school district and or within our community, or adverse contact with the police, that may bring the appropriateness of my son, daughter, wards, behaviour into question.

I understand that such circumstances as stated above may not necessarily result in my son/ daughter/ward being removed as an applicant or student for the RCMP Youth Academy however, a failure to disclose or conceal any of the circumstances mentioned above will result in my son, daughter, wards removal as an applicant or student.

Parent//Guardian Signature: Date:

( yyyy-mm-dd )

**RCMP YOUTH ACADEMY**

**SCHOOL ADMINISTRATOR & COUNSELLOR DECLARATION**

**To be completed by School District staff member responsible for addressing issues of  
 student conduct, attendance and academic standing.**

I, (print **Administrator**’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, support this student in his/her quest to be accepted into the RCMP Youth Academy.

I, (print **School Counsellor**’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, support this student in his/her quest to be accepted into the RCMP Youth Academy.

We have reviewed this student’s application and appropriate student records with respect to attendance, grades and behaviour.

We understand that this student’s application for the RCMP Youth Academy will be based, in part, on the expectation and confirmation that their behaviour both within our school district and within our community will have been beyond reproach.

We understand that; at any point in the application process and, if accepted, at any point after this students application has been accepted, the school district will immediately notify their RCMP representative of any circumstance, within our school district and or within our community, or adverse contact with the police, that may bring the appropriateness of this students behaviour into question.

We understand that such circumstances as stated above may not necessarily result in this student being removed as an applicant or student for the RCMP Youth Academy however, a failure to disclose or conceal any of the circumstances mentioned above will result in this student’s removal as an applicant or student.

* We **support** this student’s participation.
* We **do not** support this student’s participation.

Administrator Signature: Date:

( yyyy-mm-dd )

School Counsellor Signature: Date:

( yyyy-mm-dd )

**RCMP CRIMINAL RECORD AND POLICE INDICES CHECK**

**(Please Print)**

Name (print Applicant name):

1. To your knowledge, have you, or any of your family members, ever been the subject of a police criminal investigation? If “yes”, please explain.

1. I, (print Applicant name) , give permission to the Royal Canadian Mounted Police to obtain all information necessary to qualify me in this Work Experience Program. 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 respect.

**Note: Any false, misleading or omitted information with respect to this application will be grounds for; removal from the application process or, if accepted, immediate removal from the academy.**

Applicant Signature: Date:

( yyyy-mm-dd )

Parent//Guardian Signature: Date:

( yyyy-mm-dd )

**RCMP / STAFF USE ONLY:**

(These check boxes are for police use only, please check applicable box)

* CPIC Persons Check:
* CPIC CNI And CR:
* PIRS PROS PRIME:
* Driving Record:

**Interview Notes**:

Police Interview Recommendations:

Police Interviewer Name: Date: Approved: Y / N

**APPLICATION FORM QUESTIONS**

**(In your own handwriting)**

**Why** do you wish to take part in the RCMP Youth Academy?

Explain **your view** of the Police **officers role** in society.

**RCMP YOUTH ACADEMY STANDARD PHYSICAL FITNESS TEST**

**(Please Print)**

Student Name:   
 (last) (first)

School Name: School District: Burnaby SD #41

**Physical Fitness Test:**

An **RCMP Officer** or their designate **WILL** do this test.   
A teacher at school will not suffice.   
All candidates will be notified as to the date and time of the test.

**Candidates:**

Ensure that the Standard Physical Fitness Testing form is completed with name, school name, and school district.

Results will be entered after the group testing.

If a candidate attends the Academy and it is apparent that they have not maintained the minimum fitness standards, the candidate may be sent home.

**Procedure:**

* **Run**: “Cooper’s Test”   
  [run 6 laps of a 400-metre track (2.4 km) in 12 minutes or less]
* **Push-ups**: Perform the **maximum** number of full body push-ups (from the toes) in 60 seconds [minimum number - 15 push-ups]
* **Sit-ups**: Perform the **maximum** number of sit-ups in 60 seconds   
  [minimum number - 30 sit-ups]

|  |  |  |
| --- | --- | --- |
| **TEST** | **RESULTS** | **COMMENTS** |
| **2.4 km run** |  |  |
| **Push-ups** |  |  |
| **Sit-ups** |  |  |

Date of Test:

Examiners Name:

Examiners Signature:

Signature of Applicant:

**MEDIA COVERAGE AND PHOTOGRAPHS**

**NOTICE TO PARENTS**

The *Freedom of Information and Protection of Privacy* legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, please read the following information carefully.

Media Coverage and Photographs:

From time to time, the school receives requests from newspaper and television reporters to visit our schools and Partnership Programs to do a story about some aspect of the school or its programs.

Requests of this nature are given careful consideration and approval may only be granted by the Principal and the Superintendent of Schools. There is a possibility the reporters will want to take photographs or film footage to accompany their story. While the schools attempt to cooperate with the media wherever possible, the school districts recognize there are instances where publicity of this nature is not welcome by individuals.

As well, in the school districts district staff are allowed to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district.

Therefore, parents may not wish their child to appear in a newspaper photograph or to be televised while involved in school activities, or have their child photographed by district staff for promotional purposes. Accordingly, please tick off the appropriate box below and please sign the form below and the schools will work with you and your child to minimize the possibility of this happening.

* **I agree** my child **may be** involved in media coverage and may be photographed by district staff
* **I do not** wish my child to be involved in media coverage or to be photographed by district staff

Student Name: School Name:

Parent//Guardian (please print): Date:

( yyyy-mm-dd )

Parent//Guardian Signature: Date:

( yyyy-mm-dd )



**POLICE OBSERVER PROGRAMME D'OBSERVATEUR DU**

**PROGRAM WAIVER TRAVAIL POLICIER - DÉSISTEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant – Participant | Date of Birth  Date de naissance | Address - Adresse | Province  **BC** |
| Next of Kin - Nom du plus proche parent | Program – Programme  **Lower Mainland 2016 RCMP Youth Academy** | | |

**IF UNDER 18 YEARS OF AGE, SECTIONS B, C, D AND LES PARTIES B, C, D ET E S'APPLIQUENT AUX MOINS DE**

**E APPLY. IF OVER 18 YEARS OF AGE, SECTIONS A, 18 ANS. LES PARTIES A, B, C ET E S'APPLIQUENT AUX**

**B, C AND E APPLY. PLUS DE 18 ANS.**

A WAIVER OF CLAIM DÉSISTEMENT DE REVENDICATION

Being the age of majority in consideration of my participation with the Royal Ayant atteint la majorité et en considération de ma participation avec la

Canadian Mounted Police (RCMP) in the Program stated above, I hereby Gendarmerie royale du Canada (GRC) au programme nommé ci-dessus, je

absolve and save harmless the RCMP and its individual employees and dégage par les présentes la GRC et ses employés et agents de toute

agents from liabilities, causes of action, damages or otherwise for responsabilité, matière à procès, poursuite en dommages-intérêts ou autre,

defamation, personal injury or loss of or damage to property however caused relativement à toute diffamation, blessure, perte ou dommage matériel subi en

by or resulting from my participation in the program stated above. raison de ou à la suite de ma participation audit programme.

B AGREEMENT TO CONSENT FOR APPLICATION CONVENTION DE PUBLICATION

I do declare that prior to seeking publication of any article or other material Je conviens qu'avant de faire publier quelque ouvrage ou article que ce soit

containing information of which may come into my possession through my contenant des renseignements que je pourrais obtenir lors de ma participation au

participation in a Police Observer Program with the Royal Canadian Mounted Programme d'observateur du travail policier avec la Gendarmerie royale du

Police (RCMP), I will submit same for review by the Commander of the Canada (GRC), je devrai le soumettre d'abord à l'approbation du commandant de

RCMP Division wherein I participate. la division de la GRC où j'aurai pris part à ce programme.

C DECLARATION OF CONFIDENTIALITY ENGAGEMENT AU SECRET

I do solemnly declare that I will not disclose to any person outside the Je m'engage solennellement à ne divulger à quiconque n'appartenant pas à la

RCMP any information of which may come into my possession through my GRC aucun des renseignements que je pourrais obtenir lors de ma participation

participation in a Police Observer Program with the Force, without au Programme d'observateur du travail policier avec la Gendarmerie, à moins

authorization from the Commander of the RCMP Division where I participate. d'en avoir d'abord obtenu l'autorisation du commandant de la division de la GRC

où j'aurai pris part à ce programme.

D AUTHORIZATION AND WAIVER OF CLAIM CONSENTEMENT ET DÉSISTEMENT DE REVENDICATION

Being the parent/guardian of the participant I hereby authorize his/her En tant que parent/tuteur du participant, par les présentes je consens à le

participation with the RCMP in the program stated above. laisser participer avec la GRC au programme nommé ci-dessus.

Furthermore and in consideration of the said participation, I hereby absolve De plus, et en considération de ladite participation, je dégage par les

and save harmless the RCMP and its individual employees and agents from présentes la GRC et ses employés et agents de toute responsabilité, matière

liabilities, causes of action, damages or otherwise for defamation, personal à procès, poursuite en dommages-intérêts ou autre, relativement à toute

injury or loss of or damage to property, howsoever caused by or resulting diffamation, blessure, perte ou dommage matérial subi en raison de ou à la

from the said participant of the above participant in the program stated. suite de la participation du participant audit programme.

E WITNESS AGREEMENT CONVENTION DU TÉMOIN

I fully understand that, as a result of my participation with the RCMP in this Je sais que par suite de ma participation au Programme d'observateur du travail

Police Observer Program, I may be required and hereby agree to testify as a policier avec la GRC, je pourrais être tenu, dans le cadre de poursuites

witness in future proceedings and that I may also be required and hereby judiciaires, de témoigner et de fournir des déclarations ou des comptes rendus

agree to provide a statement and/or a detailed written account of my écrits détaillés de mes observations et de mes actions, et j'accepte de le faire.

observations and actions in that regard. I also recognize and hereby agree Je sais aussi que ces déclarations ou comptes rendus pourraient être

that these written statements and/or accounts are subject to release to the communiqués à l'avocat d'un accusé s'ils peuvent servir à sa défense dans le

defence counsel of an accused person where they are relevant to that cadre de poursuites criminelles auxquelles ils sont liés, et j'accepte qu'ils soient

person's defence in a related criminal proceeding. communiqués à l'avocat de cet accusé.

SIGNATURES

|  |  |  |
| --- | --- | --- |
| Witness – Témoin | Parent or Guardian - Parent ou Tuteur | Applicant - Participant |
| Approved - Approuvé Place - Lieu Date | Place – Lieu | Date |



File **COPY \_** Applicant

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