

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Meridian Police Department's Youth Academy, I hereby authorize the Meridian Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Safety Academy. I understand that all available police and criminal records will be checked and that the information will be used solely for determining eligibility of applicants for the Youth Safety Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

EMPLOYMENT HISTORY

Company Name: _____ Phone #: _____

Address: _____ Supervisor: _____

Dates of Employment - From: _____ To: _____ Reason for Leaving: _____

Job title, description and responsibilities: _____

Have you ever been fired from a job or asked to resign? If yes, please explain:

Have you ever been convicted of any law violation, other than a traffic violation? If yes, please explain:

MEDIA RELEASE

I, _____, understand all aspects of the Youth Academy program may be recorded by audio and visual means and may be used to promote future programs. Furthermore, I understand the media may be invited to view the event and may attempt to interview program participants. I am willing to provide my name and telephone number to be contacted by the media regarding Youth Safety Academy program. I hereby release and discharge persons representing the Youth Safety Academy program from any liability arising out of or in connection with the making, processing, reproduction or exhibition of video tapes or photographs promoting the Youth Safety Academy program.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

QUESTIONNAIRE

Please state why you are interested in attending the Meridian Police Department's Youth Safety Academy:

Describe any community/recreational activities in which you have participated (sports, clubs, non-profits, etc.):

Is there anything you'd like us to know about you?

REFERENCES

References must be 18 years of age or older.

Please list two references, not relatives, who have knowledge of you professionally and/or personally.

Name: _____ Phone #: _____

Relationship (neighbor, friend, etc.): _____ How long have they known you? _____

Name: _____ Phone #: _____

Relationship (neighbor, friend, etc.): _____ How long have they known you? _____

RULES AND REGULATIONS

Applicant
Initial

Students, during academy classes and during off-program times, will not engage in any inappropriate conduct. This includes both criminal activity or any behavior that threatens or impedes on the participants and staff's ability to participate in a safe/non-hostile environment.

Applicant
Initial

Students are expected to attend all classes. Excused absences will be handled on a case by case basis. Unexcused absences will result in dismissal from the program. Please notify the program coordinator of any absences by no later than 8:00 a.m. that day.

Applicant
Initial

Tardiness will not be tolerated. Any student who is more than 20 minutes late will be considered absent. A student who is less than 20 minutes late on 2 occasions will be dismissed from the program.

Applicant
Initial

Students shall maintain a clean, groomed appearance at all times. Baggy clothing and display of offensive material will not be tolerated. Students will be given a class shirt, which must be worn to each class.

Applicant
Initial

Students will come to class prepared for scheduled lessons and will bring all necessary materials.

Applicant
Initial

Expect to participate. Each student is expected to participate in discussions and activities.

Applicant
Initial

Failure to comply with any of these regulations may result in dismissal from the academy.

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for acceptance into the Meridian Police Department's Youth Academy and may result in my dismissal if discovered at a later date.

I understand that this application for acceptance to the Meridian Police Department's Youth Academy does not create an express or implied acceptance into the Academy nor guarantee acceptance for any definite period of time. If accepted, I understand that I have been accepted in the Youth Academy at the will of the Meridian Police Department and my status may be terminated at any time.

I have read, understand and by my signature consent to these statements.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Please return to: Meridian Police Department
1401 E. Watertower St.
Meridian, ID 83642
ATTN: Crime Prevention Unit

Office: (208) 846-7300
E-mail: crimeprevention@meridiancity.org

APPLICANTS WILL BE NOTIFIED OF THE STATUS OF THEIR APPLICATION APPROXIMATELY 3 WEEKS PRIOR TO THE START OF THE PROGRAM.