



SCHOOL DISTRICT NO. 73  
(Kamloops-Thompson)

## **Kamloops RCMP Youth Academy**



**Application Package**

**March 16 - 21, 2024**



SCHOOL DISTRICT NO. 73  
(Kamloops - Thompson)

## Kamloops RCMP Youth Academy



### Introductory Letter

This program is designed for the participation of 20 high school students aged 16 to 18 years, as of March 16, 2024, who are interested in police work or law enforcement as a possible future career.

This year's RCMP Youth Academy will be held at Brocklehurst Middle School in Kamloops during Spring Break from **March 16-21, 2024**.

The students that successfully complete each phase of the selection process will attend the Academy and experience a variety of activities that a police cadet would experience but in a capsulated format. This program is designed to place students in an RCMP Training Academy environment. Students will receive instruction and lectures in law, police tactics, social skills, physical training, self-defense, and a variety of other topics. They will be involved in a great deal of role-playing scenarios where they will take on the role of a police officer. They will be required to work in a team and partake in all the planned activities.

Meals, lodging, and stationary will be supplied. There will be a tuition cost per student. A list of academy rules will be supplied to the successful candidates and any student not complying with these rules will be dismissed from the Youth Academy and sent home at their own expense.

This academy is an excellent learning experience but will be extremely challenging, both mentally and physically. If you have any questions, please contact:

- your school's Trades and Transitions Coordinator
- Rick Kienlein, Director of Instruction – Secondary Learning Services  
School District No. 73 (Kamloops-Thompson)  
Phone: 250-374-0679
- Corporal Dana Napier  
Email: [dana.napier@rcmp-grc.gc.ca](mailto:dana.napier@rcmp-grc.gc.ca)

Thank you for participating.



# Kamloops 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.

- TNT Coordinator Statement of Recommendation-----pg. 3
- Application Form -----pg. 3-5
- Medical Questionnaire -----pg. 6
- Teacher Statement of Recommendation -----pg. 7
- Parent/Guardian Permission and Liability Waiver-----pg. 8
- SD No. 73 Student High Risk Field Trip Form -----pg. 9
- Media Release Form -----pg. 10
- Police Information Check -----pg. 11-13
- Copies of two (2) pieces of ID for Police Information Check. One piece must include a photo and one piece must include birthdate (driver's license, BC Services card, BC ID card, birth certificate, passport, student card)
- \*\*\*If your residence is outside of the Kamloops city limits, you must take the Police Information Check to your local RCMP detachment.**
- One (1) letter of reference from a community member *(cannot be family)*
- Minimum one-page handwritten personal letter in support of this application showing commitment to completing the RCMP Youth Academy
- High School Transcript
- Resume with names of three (3) references
- High School Attendance Record
- High School Discipline Record *(even if nil, please provide)*
- A recent photo *(original and clear – or – a photo in a jpg format may be emailed to apinette@sd73.bc.ca)*
- \$400.00 Fee – In District Students
- \$600.00 Fee – Out of District Students  
*(Cheque payable to School District No. 73)*

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## TNT 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.

TNT Coordinator Name

Phone Number  Email

Date / Time  Signature



## Kamloops RCMP Youth Academy Application Form

*(Please print legibly in blue or black ink)*

### SCHOOL INFORMATION:

School Name \_\_\_\_\_ School District No. \_\_\_\_\_ Grade \_\_\_\_\_  
School Contact \_\_\_\_\_ Telephone \_\_\_\_\_

### PERSONAL INFORMATION:

Name \_\_\_\_\_  
*Legal Last Name                      Legal First Name                      (Usual First Name)                      Legal Middle Name*

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ Phone Number (student cell) \_\_\_\_\_

Date of Birth *(yyyy-mm-dd)* \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BC Services Card # \_\_\_\_\_

Student Email \_\_\_\_\_

Please check the box if you wish to be self-identified as an Indigenous person:

- Status       Non-Status       Métis       Inuit

**Please select:**

T-Shirt Size            XXS   XS   S   M   L   XL   XXL   unisex  
Track Suit Pant Size    XXS   XS   S   M   L   XL   XXL    men's    women's  
Track Suit Jacket Size   XXS   XS   S   M   L   XL   XXL    men's    women's

**EMERGENCY INFORMATION:**

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Mother's/Guardian's Name \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

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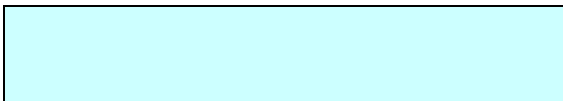
Father's/Guardian's Name \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

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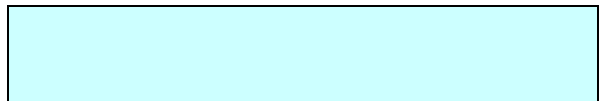
**In case of an emergency, we will contact the parents/guardians first. If they are unreachable, we will contact:**

Emergency Contact Person \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

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*Applicant Signature*



*Parent/Guardian Signature*

**Application Form – Continued**

Please list your hobbies and/or interests:

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Please list any special skills/experience:

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Please describe any volunteer work that you have done:

<b>Organization:</b>	<b>Duties:</b>

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

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Why do you wish to take part in this program?

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

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# Kamloops RCMP Youth Academy

## Medical Questionnaire

Applicant 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?  No  Yes If yes, explain:

3. Do you have a bone or joint problem that could be aggravated by physical activity?  No  Yes If yes, explain:

4. Do you feel pain in your chest while you exercise physically?  No  Yes If yes, explain:

5. Do you experience dizziness, or do you ever lose consciousness?  No  Yes If yes, explain:

6. Are you currently on medication, including but not limited to EpiPens / allergy medication  No  Yes If yes, explain:

7. Please list any allergies and/or dietary restrictions below:

*Applicant Signature*

*Parent/Guardian Signature*



## Kamloops RCMP Youth Academy 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.

<b>Student Name</b>		<b>School</b>	
<b>Teacher Name</b>		<b>Teacher Phone</b>	
<b>Subject</b>		<b>Teacher Email</b>	
<b>Signature</b>		<b>Date</b>	

	POOR TO EXCELLENT				
	1	2	3	4	5
<b>Attendance / Punctuality</b> Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Work Ethic</b> Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Attitude</b> Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Initiative / Motivation</b> Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Interpersonal Skills</b> Comments:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>General Comments:</b>					





## **Kamloops RCMP Youth Academy Parent/Guardian Permission and Liability Waiver**

Applicant Name

School District No.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ hereby give permission for \_\_\_\_\_ to participate in the KAMLOOPS RCMP YOUTH ACADEMY work experience program. I understand they will be involved in a variety of activities including but not limited to firearms training. I understand that they will be required to provide their 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 they will be capable of participating in the physical activities.

Further, the undersigned agrees to assume all risks of participating in the KAMLOOPS 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, KAMLOOPS during the KAMLOOPS RCMP YOUTH ACADEMY.

In witness whereof I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the City of \_\_\_\_\_, Province of British Columbia.

*Witness*

*Applicant Signature*

*Witness*

*Parent/Guardian Signature*

**School District No. 73 (Kamloops-Thompson)  
HIGHER RISK SECONDARY FIELD TRIP  
INFORMATION & CONSENT FORM**

(Principal's approval:   
(Please return before: **December 13, 2023**)

Activity: SD73 (Kamloops-Thompson) / RCMP Youth Academy

Teacher's Name: Rick Kienlein

Location: Brocklehurst Middle School

Date(s): March 16-21, 2024

Time (s): Departure from school: N/A

Arrival back at school: N/A

Overview Itinerary for the Field Trip Program: Six (6) Day On-Site RCMP Youth Academy

Transportation:  Walking to and from the activity  Transported by school bus  
 Driven in private vehicles (1<sup>st</sup> day and last day)  Drivers required

(Volunteer drivers must be at least 21 yrs old & have at least \$1,000,000.00 liability insurance. There must be a seatbelt for each child & no air bag on front passenger side unless the passenger is 12 yrs of age or older. Drivers must have completed a SD#73 volunteer driver form.)

Parent Helpers Required:  Yes  No Lunch Required:  Yes  No

Fee To Be Paid:  Yes  No Amount required: **\$400.00** (payable to SD No. 73)  
 Out of district students **\$600.00** (payable to SD No. 73)

**PERMISSION SLIP**

The following statement must be signed by the parent/guardian for students participating in Higher Risk Field Trips:

I am aware and understand that participation in the Higher Risk Field Trip involves certain inherent risks, dangers and hazards which may result in serious personal injury or death or other loss or damage to property. I am aware that downhill skiing, Nordic track skiing, snowboarding and snowblading, ice skating, road cycling, mountain biking, adventure hiking, canoeing, kayaking, swimming in natural settings, wilderness orienteering and residential camping are dangerous activities and that in addition to the usual risks inherent in these activities, certain additional dangers and risks including, but not limited to, varying snow, ice and visibility conditions and the danger and risk of collision with natural and man-made objects. For International travel, I have been informed that the Higher Risk Field Trip may become a dangerous activity due to global unrest. Further I agree that there may be other risks not known to me or not reasonably foreseeable at this time. I release and agree to indemnify and hold harmless the Board of School Trustees of School District No. 73 (Kamloops-Thompson) "the Board", its employees and agents ("the Releasees"). From any loss, claim, or demand for any and all negligence arising as a result of the Student's involvement or participation in the Higher Risk Field Trip except where such negligence is caused by the Releasees. I understand and accept that the Board and its employees and agents may at any time cancel the Higher Risk Field Trip for appropriate reasons including travel advisories indicating international air travel is unsafe or the destination is unsafe. Accordingly, I agree to waive any and all claims against the Board, its employees and agents for any monetary loss arising from the cancellation of the Higher Risk Field Trip. I understand that during the Higher Risk Field Trip the Student may incur additional unforeseen financial expenses required for reasons of safety and I agree to waive and reimburse for any and all claims against the Board, its employees and agents for any such expenses that are reasonably required. Both my son/daughter and I understand that Board Policy #240 "Student Behaviour – Discipline" applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

I have read and am informed about the proposed field trip for the **SD73 (Kamloops-Thompson) / RCMP Youth Academy which will be held at Brocklehurst Middle School from March 16-21, 2024**. I request that my child \_\_\_\_\_ participate in this trip. I understand there is a cost involved and have enclosed \$ \_\_\_\_\_ with this form. I, the undersigned parent or guardian of the above-named student, request that my son/daughter be allowed to participate in the trip.

Note any medical conditions or medication the staff or supervisors should be aware of: \_\_\_\_\_

Please supply the school with: Family Physician, BC Services Card Number and Emergency Numbers if they are not already on file.

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Office Use Only:** Fee for Field Trip Received:  Yes  No Amount: \_\_\_\_\_ Initials: \_\_\_\_\_



**Kamloops RCMP Youth Academy  
Media Release Form**

*(Please print)*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

hereby give my permission and consent to having my child's photo taken for program publicity and media relations during the RCMP Kamloops Youth Academy program.

Media coverage of this event could include my child's photo, name, and their comments. This information could show up on RCMP advertising or on School District No. 73's website or any of the school's websites.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*Kamloops RCMP Use Only*

Log:  
 Receipt:  
 Received at:

# RCMP Kamloops City Detachment

## Police Information Check

**IDENTIFICATION – one form must be photo ID (office use only).**

<b>Type of ID Produced:</b>	<b>Number:</b>
<b>Type of ID Produced:</b>	<b>Number:</b>

**INSTRUCTIONS FOR COMPLETION**

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

***Please complete clearly in ink***

~~You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:  
 -Any applicable fee (see website for costs and payment options).  
 -One piece of current, government issued photo identification and one piece of identification verifying name and date of birth. If you are unable to provide proper identification the police agency cannot complete your check.~~

**Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.**

**The results of this check will not be forwarded to a third party**  
 (with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

**PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)**

LAST NAME	FIRST NAME	MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)			SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:		
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)		

<b>PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)</b>			<b>*Check Completed (office use only)</b>
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

**REASON FOR APPLICATION (check appropriate):**  Volunteer (attach letter)     Employment     Other (specify below)

**Key Contact Name:** Corporal Dana Napier

**Volunteer Agency/Employer Name:** School District No. 73 - Student RCMP Youth Academy

**Volunteer Agency/Employer Address and Phone Number:** 1383 9th Ave, Kamloops, BC V2C 3X7

**IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS:**     YES     NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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**VULNERABLE SECTOR APPLICANTS:**

**FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and has been pardoned.

**Reason for Consent:**

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): \_\_\_\_\_

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):  
 \_\_\_\_\_

**Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.**

_____ Signature of Applicant	_____ Date Signed
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**DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant**

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

_____ Signature of Applicant	_____ Date signed
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Applicant Name	Applicant DOB
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**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the RCMP Kamloops City Detachment and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of Kamloops, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

<b><u>QUERY TYPE</u></b>	<b><u>Queried by:</u></b>	<b><u>Negative</u></b>	<b><u>Attached</u></b>	<b><u>Date</u></b>
<b><u>CPIC</u></b>				
<b><u>PRIME</u></b>				
<b><u>PIP/LEIP</u></b>				
<b><u>JUSTIN</u></b>				
<b><u>VS – FP REQ.</u></b>				

NOTES (office use only):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Kamloops RCMP Youth Academy**

### **Fact Sheet**

#### ***Who is eligible?***

- Attending Grades 10, 11, or 12 in high school
- 16 to 18 years of age (*as of March 16, 2024*)
- Able to pass criminal record check
- In good academic standing
- Good attendance record in school
- Displays a willingness to work
- Candidate is interested in Law Enforcement or Supporting Careers
- Completes the application package in full
- Recommended by school staff
- **Non-smoker**

#### ***How do I apply?***

- Fill out the RCMP Youth Academy Application located on the School District's Trades and Transitions website (<https://www.sd73.bc.ca/en/schools-programs/trades-and-transitions.aspx>)
- Give your completed application and cheque to your school Trades and Transitions Coordinator to review and deliver.

#### ***Cost:***

- Cost per student is **\$400.00** for students in School District No. 73 and **\$600.00** for students from out of School District No. 73. Cheques must be made payable to **School District No. 73**.
- Fees must accompany the application package.
- Total fee is non-refundable if withdrawal from the program is within 30 days of the event.

#### ***The Application Process:***

**Applications must be handed into your school TNT Coordinator by December 13, 2023. Late or incomplete applications will not be considered.**

The completed application package will be reviewed; background and reference checks will be done. Upon successful completion of security screening, candidates may be contacted by the RCMP for an interview.

Students will receive notification of acceptance by **Friday, January 26, 2024**, via email to the school TNT Coordinators.

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### ***Physical Fitness Test:***

It is recommended that students attending the RCMP Youth Academy be able to perform the following:

1. Run 1.5 miles (6 laps of a 400 meter track) in less than 15 minutes.
2. Perform the maximum (15 reps) number of body pushups (from toes) in 60 seconds.
3. Perform the maximum number of sit-ups in 60 seconds - minimum 30 reps., or perform the maximum number of partial curl-ups as per C.S.T.F. guidelines - maximum 25 reps.

We recommend using the Fitness Tracking sheet that is attached to monitor your progress from now until the testing date.

The test will be administered by a police officer on **Saturday, February 10, 2024, at 9:00 am** in the NorKam Secondary gymnasium.

### ***Information Meeting:***

There will be a mandatory meeting for all successful applicants and their parent/guardian at the Pineridge Campus (1770 Springview Pl) on **Thursday, March 7, 2024, at 6:00 pm**. A list of academy rules will be supplied at that time.

### ***Other Important Information:***

**Students must be present every day of the Academy and will not be allowed to leave the training base for other appointments. There will not be any time allotted for school work.**

Students will be required to bring a digital watch to the academy. **Smart watches are not permitted.**

The RCMP Youth Academy is approximately 100 hours in length (six days). You will participate and learn about policing as a career, basic traffic and criminal law, physical training, firearm skills, scenarios, drill, and teamwork.





## **Kamloops RCMP Youth Academy**

### **Contacts**

**1. Rick Kienlein**

Director of Instruction – Secondary Learning Services  
School District No. 73 (Kamloops-Thompson)

1383 9<sup>th</sup> Avenue

Kamloops, BC V2C 3X7

Phone: 250-374-0679

Email: [rkienlein@sd73.bc.ca](mailto:rkienlein@sd73.bc.ca)

**2. Corporal Dana Napier**

Email: [dana.napier@rcmp-grc.gc.ca](mailto:dana.napier@rcmp-grc.gc.ca)

**3. Angela Pinette**

Administrative Assistant

School District No. 73 (Kamloops-Thompson)

1770 Springview Pl

Kamloops, BC V2C 1X9

Phone: 778-471-6061 ext 211

Email: [apinette@sd73.bc.ca](mailto:apinette@sd73.bc.ca)



# Kamloops RCMP Youth Academy 2024

## Physical Fitness Testing

### Tracking Sheet

Use this Fitness Tracking sheet to monitor your progress from now until the testing date.

The test will be administered by a police officer on **Saturday, February 10, 2024, at 9:00 am** in the NorKam Secondary School gymnasium.

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

Test #	Date	1.5 MILE RUN 6 X 400m in less than 15 min.	PUSH-UPS Max. # in 60 sec.	SIT-UP / CURL-UP Max. # in 60 sec	Comments
1					
2					
3					

#### Criteria:

- Run 1.5 miles (6 laps of a 400 metre track) in less than 15 minutes
- Perform the maximum (15 reps) number of body pushups (from toes) in 60 seconds
- Perform the maximum number of sit-ups in 60 seconds – minimum 30 reps, or perform the maximum number of partial curl-ups as per C.S.T.F. guidelines – maximum 25 reps