



SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)

Kamloops RCMP Youth Academy

Application Package



March 12 – 16, 2025

7:30 am – 5:30 pm daily

Note: Saturday, only, 7:30 am - 7:30 pm to allow for scenarios

Applications due to school TNT Coordinator: December 11, 2024



SCHOOL DISTRICT NO. 73
(Kamloops - Thompson)

Kamloops RCMP Youth Academy



Introductory Letter

This program is designed for students (minimum age 16) who are interested in police work or law enforcement as a possible career. Students selected for the Academy will participate in activities similar to those in an RCMP Training Academy. Students will attend lectures on topics such as law, police tactics, physical training, and self-defense, and participate in physical activities such as daily fitness, drill practice, search and seizure, and role-playing scenarios. They will be required to work as a team and partake in all planned activities.

This academy is an excellent learning experience. The competitive selection process includes background and reference checks, a review of student attendance and school based conduct, and may include an interview with RCMP. Preference will be given to grade 12 students. The Academy will be extremely challenging, both mentally and physically, but very rewarding.

Key Dates:

- December 11, 2024: Applications due to school TNT Coordinator
- January 24, 2025: Notification of successful candidates
- February 8, 2025: Mandatory fitness testing at NorKam Secondary
- March 6, 2025: Mandatory parent and student information session
- Wednesday, March 12 – Sunday, March 16: RCMP Youth Academy
 - Pineridge Education Centre, 1770 Springview Place
 - 7:30 am to 5:30 pm Wednesday, Thursday, Friday, and Sunday
 - **7:30 am to 7:30 pm Saturday only**

Important information:

A Fitness Test will be administered by a police officer on Saturday, February 9, 2025, at 9:00 am in the NorKam Secondary gymnasium.

1. Run 1.5 miles (4 laps of a 400M track) in less than 15 minutes
2. Perform the maximum number of body pushups (from toes) in 60 seconds
3. Perform the maximum number of sit-ups in 60 seconds

A Fitness Tracking sheet is included at the back of this application to monitor your progress from now until the testing date.

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 schoolwork.

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



Kamloops RCMP Youth Academy

Contacts

- 1. Your school Trades and Transitions Coordinator**

- 2. Sheila Brown**
District Trades and Transitions Coordinator
Phone: 250-819-2472
Email: shbrown@sd73.bc.ca

- 3. Rick Kienlein**
Director of Instruction – Secondary Learning Services
Phone: 250-374-0679
Email: rkienlein@sd73.bc.ca

- 4. Corporal Dana Napier**
Email: dana.napier@rcmp-grc.gc.ca



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. 2
- Application Form -----pg. 2-4
- Medical Questionnaire -----pg. 5
- Teacher Statement of Recommendation -----pg. 6
- Parent/Guardian Permission and Liability Waiver-----pg. 7
- SD No. 73 Student High Risk Field Trip Form -----pg. 8
- Media Release Form -----pg. 9
- Police Information Check -----pg. 10-12
- 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 *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)

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:

Legal Name _____
Legal First Name Middle Legal Last Name

Preferred Name(s) _____

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

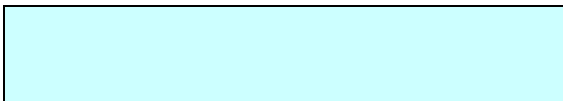
EMERGENCY INFORMATION:

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

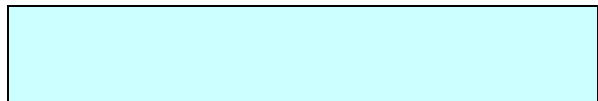
Father's/Guardian's Name _____
Phone (home) _____ (work) _____
Cell _____ Email _____
Address _____ City _____

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 _____



Applicant Signature



Parent/Guardian Signature

Application Form – Continued

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)*:



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.

Student Name		School	
Teacher Name		Teacher Phone	
Subject		Teacher Email	
Signature		Date	

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



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

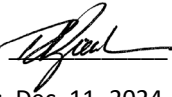
Witness

Parent/Guardian Signature



SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)

HIGHER RISK ELEMENTARY/SECONDARY FIELD TRIP PARENT CONSENT FORM

Principal's Approval: 
Please return before: Dec. 11, 2024

Activity: SD73 (Kamloops-Thompson) RCMP Youth Academy

Teacher: Rick Kienlein/Sheila Brown

Location: Pineridge Education Centre, 1770 Springview Place

Date: March 12-16, 2025

Daily Arrival: 7:30 am

Daily Dismissal: 5:30 pm (7:30 pm on Saturday)

Overview Itinerary for the Field Trip Program:

Students will participate in a 5 day "Depot" style training academy, participating in classroom, drill and active scenarios under the supervision of RCMP members and their designates. A school district employee will also be on site at all times.

Transportation: Families arrange transportation Transported by school bus

This permission slip must be returned for your child/youth's participation - written notes or phone calls will not be accepted to grant permission

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 child/youth 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 understand and agree photos will be taken of students participating in the event, and may be used in yearbooks, newsletters, and promotion of upcoming events, or shared with community partners such as TRU, SkilledTradesBC, RCMP and those supporting Career Events.

I have read and am informed about the proposed field trip to _____ on _____.
I request that my child/youth _____ participate in this trip.

List medical conditions/medications the staff/supervisors should be aware of: _____

Please supply the school with: family physician, Care Card number and emergency numbers (if not already on file).

Parent/Guardian Signature: _____ **Phone:** _____ **Cell:** _____

Emergency Contact: Would you like to provide an alternate emergency contact to the parent/guardian named above?

Name: _____ **Phone Number:** _____

I agree to the use of photos for internal and external media: Yes No

Student's Home School: _____ Grade: _____

Teacher/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).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

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)		
PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)			*Check Completed (office use only)
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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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*******

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

NOTES (office use only):



Kamloops RCMP Youth Academy 2025

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 8, 2025, 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 Max. # in 60 sec	Comments
1					
2					
3					

Criteria:

- Run 1.5 miles (6 laps of a 400 m track) in less than 15 minutes
- Perform the maximum number of body pushups (from toes) in 60 seconds
- Perform the maximum number of sit-ups in 60 seconds