



## **THE AMERICAN LEGION LAW CADET TRAINING PROGRAM GUIDELINES**

**PO BOX 396, MONTPELIER, VT 05601-0396**

TEL: (802) 223-7131

FAX: (802) 223-0318 E-mail: [alvthq@myfairpoint.net](mailto:alvthq@myfairpoint.net)

Web Site: VTLEGION.ORG

### **JUNE 17 THROUGH JUNE 22, 2018**

This program is limited to twenty-six (26) applicants/cadets. Positions are filled on a first come, first serve basis based on totally completed applications and the receipt of funds. Ensure the application is complete and accurate with the required information and signatures prior to having it endorsed by your local American Legion Post.

#### **PURPOSE**

The purpose of The Cadet Training Program is to help young people gain knowledge regarding training and responsibilities of Law Enforcement Officers. Hopefully, they will better understand and have greater respect and appreciation of law enforcement officials at all levels.

#### **INSTRUCTION AND TRAINING**

Qualified instructors will be used in all areas of training. The instructors are from Federal, State, and Local Law Enforcement Agencies, as well as State Elected Officials. Every Cadet will receive training in firearms, history of law enforcement, crime scene processing, fire safety and equipment, professional standards, fish & wildlife, etc.

#### **2018 PROGRAM DURATION**

**CHECK-IN: SUNDAY, JUNE 17, 2018 @ 5PM** at the Vermont Police Academy, Pittsford, VT. **PIZZA WILL BE SERVED.** (See attached map for directions to the Academy.)

**GRADUATION: FRIDAY, JUNE 22 2018 @ 1:30 PM:** Family & Friends of the Cadets are invited to attend a short Graduation exercise in the gymnasium. See Attached "Sample Training Schedule" for what to expect during the week.

#### **TYPE OF YOUNG PERSON DESIRED**

The purpose of this program is to expose young people to all facets of the criminal justice system. It is hoped that the Districts and Posts will select persons who have shown some leadership ability. Scholastic standing and/or academic achievements are not criteria for selection. Previous unacceptable conduct may be grounds for denial. Interest in Law Enforcement or a career in policing is not a requirement.

#### **AGE REQUIREMENTS**

Applicant must be a minimum of SIXTEEN (16) years of AGE and currently a **JUNIOR or SENIOR in HIGH SCHOOL** (prior to attending cadet class).

## **PHYSICAL REQUIREMENTS**

The applicant will follow the guidelines of the Americans' with Disabilities Act. Applicants must complete an application that includes a medical certificate with the provider's signature to their physical condition.

## **CLOTHING REQUIREMENTS**

Each cadet will bring his/her own personal toilet articles (please include deodorant and razors if required): towels for the week, a supply of underwear, gym shoes, gym clothing (three (3) white t-shirts), shower shoes (flip flops), socks, handkerchiefs, pajamas, belt, blue jeans, and a light jacket or sweatshirt. You must also bring black dress slacks with a black belt, and a pair of black street shoes and black socks for graduation. The American Legion will supply a polo shirt for the graduation, a pair of utility pants and two uniform t-shirts for day to day wear. No laundry facility is available, so a week's supply of clothing is necessary. All other recreational equipment will be provided. Bedding for the week will be furnished by the Police Academy as well as a water bottle and rain poncho. A detailed list will be sent to the candidate upon acceptance.

## **VALUABLES**

DO NOT BRING VALUABLES WITH YOU. There are no facilities for storing of valuables. We cannot be responsible for any lost valuables. This includes rings, watches, cell phones, ipads, ipods, laptop computers, etc.

## **FOODS & SNACKS**

FOODS & SNACKS ARE NOT PERMITTED. Do not bring any food items of any kind with you. This includes candies, gum, cookies, etc.

## **PERSONAL APPEARANCE- GROOMING CODE**

The Vermont American Legion sponsors a number of Americanism Programs for the Youth of Vermont. These programs are: Green Mountain Boys State, American Legion Baseball, American Legion High School Oratorical Contests and The Cadet Law Academy, co-sponsored by the Vermont Criminal Justice Training Council. The principle reason for sponsoring these youth programs is to help the home, school, and church to teach the youth of today to become better citizens for tomorrow.

Since The American Legion Department of Vermont and the Vermont Criminal Justice Training Council sponsor the program, and all participation is strictly voluntary, we insist upon certain dress attire and hair grooming regulations. The Grooming Code calls for Boys to have a neat haircut with hair trimmed and tapered, as well as being clean shaven and for the girls - that the hair be neat and not so long as to create a safety hazard.

## **APPLICATION**

For more information or an application, please contact your nearest American Legion Post or your High School Guidance Office. An application packet is attached for your convenience and consists of the application, medical certificate, endorsements, and a waiver of liability and a release from liability. All forms must be completed, dated and signed prior to submission by the date indicated.

# THE AMERICAN LEGION APPLICATION

**JUNE 17 THROUGH JUNE 22, 2018**

**Application must be submitted to your Local American Legion**

**APPLICATION:** (To be completed personally by applicant – please type or print in ink)

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Age                      Date of Birth (Month/Day/Year)                      Gender

\_\_\_\_\_  
Address (Street, City, State & Zip)

\_\_\_\_\_  
Father's Name & Address

\_\_\_\_\_  
Mother's Name & Address

\_\_\_\_\_  
Name & Location of School

\_\_\_\_\_  
Activities (School, Sports, Church, Clubs, Civic, etc.)

**EMAIL ADDRESS:** \_\_\_\_\_

**MEASUREMENTS:** T-Shirt SIZE: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE

**REQUIRED** PANT-SIZE: \_\_\_\_\_ WAIST \_\_\_\_\_ INSEAM \_\_\_\_\_  
HEIGHT \_\_\_\_\_ LBS. (Weight)

**EMERGENCY CONTACT INFORMATION:**

Person to Contact in case of emergency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ day \_\_\_\_\_ evening \_\_\_\_\_ cell

**All completed applications must be submitted to your local American Legion Post,  
NO LATER THAN APRIL 15, 2018.**

I do believe in The American Legion's principles of Law & Order.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

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**MEDICAL CERTIFICATE:**

(The following must be completed and submitted with your application.)

1. \_\_\_\_\_  
Last Name First Name Middle Initial

2. \_\_\_\_\_  
Address (Street, City, State & Zip)

3. \_\_\_\_\_  
Relative's Name & Phone Number (person to be notified in case of an emergency.)

4. **DISEASES** you have had. Please place an "X" beside all that apply.
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> MEASLES                        | <input type="checkbox"/> TYPHOID FEVER | <input type="checkbox"/> ASTHMA        |
| <input type="checkbox"/> EAR / SINUS TROUBLE            | <input type="checkbox"/> CONVULSIONS   | <input type="checkbox"/> SCARLET FEVER |
| <input type="checkbox"/> PNEUMONIA                      | <input type="checkbox"/> DIPHTHERIA    | <input type="checkbox"/> LUNG TROUBLE  |
| <input type="checkbox"/> SMALL POX                      | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> DIABETES      |
| <input type="checkbox"/> CHICKENPOX                     | <input type="checkbox"/> POLIO         | <input type="checkbox"/> APPENDICITIS  |
| <input type="checkbox"/> MUMPS                          | <input type="checkbox"/> INDIGESTION   |  |
| <input type="checkbox"/> ALLERGIES - <u>Please List</u> |  |  |

5. Date of Last Tetanus Shot: \_\_\_\_\_

6. Have you been vaccinated against Smallpox?  YES  NO

7. List PRESCRIPTION MEDICATION that you are currently using:  
\_\_\_\_\_

\_\_\_\_\_  
DATE **SIGNATURE OF APPLICANT**

**8. MUST BE COMPLETED BY YOUR MEDICAL PROVIDER.**

Does the applicant suffer from any of the following?  
 ASTHMA  SINUS  BRONCHITIS  
 HAY FEVER  HEART TROUBLE  DIABETES

Does the applicant require medication or special diet? \_\_\_\_\_

Is the applicant in physical condition to undergo a week of strenuous physical and mental activity?  
\_\_\_\_\_

Condition of the following: \_\_\_\_\_ Heart \_\_\_\_\_ Eyes  
\_\_\_\_\_ Lungs \_\_\_\_\_ Throat

\_\_\_\_\_  
DATE **SIGNATURE OF PHYSICIAN**

**Address of Physician** **Phone Number**

**ENDORSEMENTS**

Every application must be of good moral character and come well recommended.

**SCHOOL:** (To be completed by High-School Principal.)

I hereby certify that at the time this application is being completed, the student is a member of the \_\_\_\_ Junior or \_\_\_\_ Senior Class at \_\_\_\_\_ High School, and is at least 16 years of age, I recommend his/her participation in the Cadet Law Enforcement Program, co-sponsored by The American Legion and The Vermont Criminal Justice Training Council.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF HIGH SCHOOL PRINCIPAL

**LAW ENFORCEMENT OFFICIAL:** (To be completed by a full time Law Enforcement Officer).

I, \_\_\_\_\_, regularly employed in the field of Law Enforcement, do know and have interviewed the applicant and do hereby recommend him/her as a worthy candidate to participate in the youth program. He/She does/does not have a valid Vermont Drivers License.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE / OFFICIAL TITLE / DEPARTMENT

**FOR THE PARENT OR GUARDIAN:** It is important that the home phone number of the Cadet be placed on the application form so parents/guardians may be reached in case of emergency. In addition, the Medical Certificate must be filled out and signed by a physician. Cadets will not be excused before the close of the session except in the case of an emergency, such as illness of the Cadet or illness or death in the Cadet's immediate family.

I hereby authorize the Vermont Criminal Justice Training Council Staff or their representative to obtain medical treatment for my Son/Daughter/Ward, \_\_\_\_\_, while participating in The American Legion Law & Order Cadet Training Program, **June 17 – June 22, 2018**. Said treatment may include medication, injection, and/or emergency surgical treatment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**LEGION POST:** (To be completed by the Post Commander or Adjutant once application has been completed by applicant. Application shall be reviewed for accuracy and completeness).

I hereby certify that the above applicant is a resident of our Post Community and our Legion Post recommends that he/she be accepted as a delegate at the Cadet Law Enforcement Academy. The Post Check for **\$275.00 fee** is enclosed with this application and is made payable to *The American Legion Department of Vermont*.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE LEGION POST OFFICER/POSITION

**WAIVER OF LIABILITY**

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_ in consideration of his /her attendance at The American Legion Law & Order Cadet Training Program to be held at The Vermont Police Academy, do agree that the State of Vermont, The Vermont Criminal Justice Training Council, The Vermont Police Academy and The American Legion Department of Vermont, or any of their employees, will not be held responsible for any injury or damage received or caused to themselves, to include, but not limited to the, Firing Range and Gym Facilities, by their participation in this program.

The agreement becomes effective **June 17, 2018** and shall remain in effect until close of business on **June 22, 2018**.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**WITNESS**

**\*MAKE SURE ALL SIGNATURES HAVE BEEN OBTAINED BEFORE FORWARDING TO YOUR LOCAL AMERICAN LEGION POST.**

**LOCAL POST:** The Post Check for **\$275.00 fee** is enclosed with this application and is made payable to *The American Legion Department of Vermont*.

**Mail to: THE AMERICAN LEGION  
DEPARTMENT OF VERMONT  
P O BOX 396  
MONTPELIER, VT 05601-0396**

**TEL: (802) 223-7131**

**E-mail: [alvthq@myfairpoint.net](mailto:alvthq@myfairpoint.net)**

**DEADLINE: APRIL 15, 2018**

# THE AMERICAN LEGION OF VERMONT

## SAMPLE TRAINING SCHEDULE

The following training schedule is a sample of the training program.

This gives students & their families an idea of what to expect for time and type of training.

<b>SUNDAY</b>		0730 – 0800	Breakfast
1700	Arrival, Registration, Room	0800 – 0930	Court Diversion
	Assignment, Pizza	0930 – 1100	Dept. Motor Vehicles
1900 – 2000	Orientation	1100 – 1200	Gangs & Drugs
2200	Lights Out	1200 – 1230	Lunch
		1300 – 1430	Public Defender
<b>MONDAY</b>		1430 – 1630	US Marshall’s Office
0600 – 0700	Reveille, Physical Training	1630 – 1730	Physical Training
	Personal Grooming &	1730 – 1800	Dinner
	Cleaning of Quarters/ Inspection	2200	Lights Out
0700 – 0730	Drill & Ceremony	<b>THURSDAY</b>	
	Presentation of Colors	0600 – 0700	Reveille, Physical Training
0730 – 0800	Breakfast		Personal Grooming &
0800 – 0900	VCJTC		Cleaning of Quarters/ Inspection
0900 – 1030	VT Fish & Game Dept.		Drill & Ceremony
1045 – 1200	Sheriff’s Department	0700 – 0730	Presentation of Colors
1200 – 1230	Lunch		Breakfast
1300 – 1430	Municipal Police Dept	0730 – 0800	F.B.I.
1430 – 1630	Crime Scenes	0800 – 0930	Liquor Control
1730 – 1800	Dinner	0930 – 1100	Military Career Opportunities
1800	Cadre Time/Physical Fitness	1100 – 1200	Lunch
2200	Lights Out	1200 – 1230	Firearms Training
		1300 – 1600	Team Competition
<b>TUESDAY</b>		1600 – 1730	Barbeque
0600 – 0700	Reveille, Physical Training	1800 – 1900	Lights Out
	Personal Grooming & Cleaning of Quarters/ Inspection	2200	
0700 - 0730	Drill & Ceremony - Presentation of Colors	<b>FRIDAY</b>	
	Breakfast	0600 – 0700	Reveille, Physical Training
0730 - 0800	State’s Attorneys Office		Personal Grooming & Cleaning of Quarters
0800 – 0930	Fire Services	0700 – 0730	Presentation of Colors
0930 – 1100	Drill & Ceremony	0730 – 0800	Breakfast
1100 – 1200	Lunch	0800 – 1000	Marine Patrol
1200 – 1330	Team Building	1000 – 1200	Graduation Preparation
1330 – 1430	Police Response	1200 – 1230	Lunch
1430 – 1630	Dinner	1230 – 1300	Class Photo
1730 – 1800	Professional Standards	1300 – 1330	Class “Stand-By”
1800 – 2000	Lights Out	1330 – 1400	Graduation Ceremony
2200		1400	Light Refreshments
<b>WEDNESDAY</b>			
0600 – 0700	Reveille, Physical Training		
	Personal Grooming & Cleaning of Quarters/ Inspection		
0700 – 0730	Drill & Ceremony		
	Presentation of Colors		

## **DIRECTIONS TO THE VERMONT POLICE ACADEMY**

**317 ACADEMY ROAD, PITTSFORD, VT 05763**

**TELEPHONE: (802) 483-6228**

### **FROM THE SOUTH AND EAST**

- I-89 to Exit 1 (White River Junction) Take Route 4 westbound to Rutland (approximately 45 miles).
- Turn North on Route 7 – take Route 7 into Pittsford (approximately 8 miles) – you'll go down hill as you come into the village of Pittsford
- In the village you will see Furnace Road and the Vermont Police Academy signs on the right. Take this Right which is just after a Pizza/Hero Shop, travel approximately ¼ mile to the stately brick pillars – take the left turn between the pillars and come up the driveway to the Academy building.

### **FROM BURLINGTON**

- Take Route 7 Southbound to Pittsford (approximately 55-60 miles). The town of Pittsford is just south of Brandon. As you come into the Village of Pittsford, you'll go past the Lothrop Elementary School on your right, followed by a sign to the Vermont Police Academy and VT Fire Service Training and a hillside cemetery across from the school on the left.
- Just past the cemetery there is a white house. Take this left turn, travel approximately ¼ mile to the stately brick pillars – take the left turn between the pillars and come up the driveway to the Academy building.

### **FROM ALBANY, NY**

- Take I-87 Northbound to Glens Falls NY, Exit 20.
- Take this exit and turn left onto us Route 9 north through Lake George to right onto Route 149 each to fort Ann, NY.
- Take left onto US Route 22 & 4 North to Whitehall, NY, stay on Route 4 into Vermont until you come to a T-intersection in Rutland, VT
- Take left on Route 7 North, traveling approximately 9 miles into Pittsford – you'll go down hill as you come into the village of Pittsford.
- In the village you will see Furnace Road and the Vermont Police Academy signs on the right. Take this Right which is just after a Pizza/Hero Shop building, travel approximately ¼ mile to the stately brick pillars – take the left turn between the pillars and come up the driveway to the Academy building.

**TRANSPORTATION/PARKING:** Cadets to provide their own transportation. For those Cadets wishing to drive their vehicles to the Academy, parking space will be available. However, the vehicle must remain parked until checkout time on Friday.

Parking lot for **INSTRUCTORS** is marked or you may park in the first lot.

**STUDENTS** – please park in the dirt parking lot all the way round the rear (west side) of the complex.



**RELEASE OF LIABILITY FORM**

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In consideration for attending and participating in: **The Vermont American Legion Cadet Program**

I freely accept and voluntarily assume ALL RISKS of personal injury or death or property damage to include but not limited to all dangers that are inherent in this activity that are obvious and necessary. It is understood that these events will not include use of force but will involve outside and inside sport and/or physical activities to include but not limited to team challenge, hiking, running, jumping, climbing and lifting which have certain inherent and other dangers and risks.

I hereby release, remise, hold harmless, discharge and covenant not to sue the State of Vermont, Vermont National Guard, the Vermont Criminal Justice Training Council, the Vermont Police Academy, the American Legion, and in so far as applicable, the United States and the United States Armed Forces, and its agents, volunteers and employees from any and all liability for personal injury or death or property damage which results in any way from negligent actions and /or omissions of employees, volunteers and/or agents of the Vermont National Guard, the State of Vermont, the Vermont American Legion, the Vermont Criminal Justice Training Council, the Vermont Police Academy or the United States Armed Forces, arising out of the conditions on or about the premises and the facilities used for.

**The American Legion Cadet Program**

Including; but not limited to natural or man-made obstacles and its placement, visibility or condition or my participation in any activity during these events.

If I am signing on behalf of a minor, I hereby certify that I have full authority to act as his/her legal guardian and in that capacity. I understand that in case of injury or illness of a minor, I will be notified and understand that my child may be administered any emergency services as deemed necessary by emergency and hospital medical personnel.

I hereby agree to fully indemnify and hold the Vermont American Legion, the Vermont Police Academy, the Vermont Criminal Justice Training Council, Vermont National Guard and the State of Vermont, and to the extent applicable the United States Armed Forces, harmless from any and all damages or losses or actions of any kind brought by any person, including the minor, which arises out of the participation in and attendance in the activities of the Vermont Law Cadet Program.

I understand that news media may be invited to view, photograph, record or film portions of the event, and may interview attendees. My child's photograph, image, quote or voice maybe published, copyrighted, or otherwise used in news presentation.

Nothing in this release waives any right that my child or I have under the Federal Torts Claims Act.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT AND FREELY ENTER INTO THIS AGREEMENT.**

Participant's Name (printed): \_\_\_\_\_

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

**Parent/Guardian Signature is required if participant is less than 18:**

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

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

Date: \_\_\_\_\_

**Emergency Contact Information:**

Person to contact in case of emergency \_\_\_\_\_

Telephone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Medical Information:** List any information about medical conditions that may affect your child's participation in any of these events:

\_\_\_\_\_  
\_\_\_\_\_