

Menomonie Police Department

Junior Police Program Application

Nature of Work

Through the Junior Police Program, participants receive training on basic law enforcement. The most important job for participants will be to use his/her learned skills to serve their community and its citizens in a positive manner. The Junior Police Program participants must uphold high standards of discipline, respect, honor and dedication to excellence in all areas of their lives.

Application Process

1. Complete and submit application and signed waivers along with a copy of most recent academic grades by **May 26, 2023**. Materials can be mailed or dropped off in person at: 615 Stokke Parkway Suite G200, Menomonie, WI 54751. You can also email materials to Officer Kayla Tisol at tisolk@menomonie-wi.gov
2. After the application is completed and submitted, a brief background check will be conducted on all applicants. This will include an in-person interview.
3. A selection of applicants will be made based on meeting below requirements and space availability. A notification of application status will be made before the date of the first meeting.
4. Pay registration fee/ annual dues of \$25, due at 1st meeting. Fee covers the cost of a shirt to be used as a uniform and materials associated with the program. If cost is a barrier, please contact Officer Tisol about financial assistance for the program.

Requirements and Other Necessary Documents

To participate in the Junior Police Program at the Menomonie Police Department, ***all candidates must:***

1. Be at least 14 years of age (entering 9th grade), through 20 years of age.
2. Be a United States citizen or lawful resident alien.
3. Have proof of current enrollment in school all the while maintaining a GPA of 2.0 or higher while in the program.
4. Be drug (illegal) free, including the use of alcohol and tobacco.
5. Have good moral character and possess the qualities of honesty, maturity, self-discipline and initiative.
6. Have the desire to learn and the ability to make a commitment to serve the agency and the community.
7. Submit completed application by the deadline of **May 26, 2023**.
8. Provide a copy of their birth certificate and photo ID (driver's license or school ID).
9. Not have a criminal or gang background or involvement as determined by a background check.
10. Have and give a 100% commitment to attend the scheduled program dates.
11. Have 100% support from parents/guardians.

Additionally, all candidates should provide a copy of their health insurance card/information, as well as a career interest in law enforcement, the criminal justice system and/or a community service related field.

Emergency Contact Information

In the event of an emergency and parents/guardians are unavailable, please list two emergency contacts:

Contact #1: _____

Home Address: _____ City, state, zip code: _____

Phone: _____ Work Phone: _____

Contact #2: _____

Home Address: _____ City, state, zip code: _____

Phone: _____ Work Phone: _____

Background Information

Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received a ticket?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had the police called on you, or had a negative police contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been under the influence of alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever used or possessed any illegal drugs, including marijuana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever stolen anything?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been involved in a physical fight with someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been suspended from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a member of a gang, or associated with known gang members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever committed an act of vandalism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a victim of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been hospitalized in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Volunteer Experience & Extracurricular Activities:

Leadership Positions:

Skills that qualify you for this program:

Recognition(s) and award(s). Name of award and organization:

Hobbies, skills, outside interests:

Why do you want to explore a career in Law Enforcement? Explain:

References

Please list 3-4 references who can comment on your suitability and validate your character. References can be teachers, counselors, employers, etc. Please do not use relatives.

Name (Last, First)	Address	Phone Number	Title/Position
Name (Last, First)	Address	Phone Number	Title/Position
Name (Last, First)	Address	Phone Number	Title/Position
Name (Last, First)	Address	Phone Number	Title/Position

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's signature: _____ Date signed: _____

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of

_____ not be revealed without my consent or until required under law.

Applicant's signature: _____ Date signed: _____

MENOMONIE POLICE DEPARTMENT
615 STOKKE PARKWAY
MENOMONIE, WI 54751



MENOMONIE POLICE DEPARTMENT

Eric M. Atkinson, Police Chief



AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the **MENOMONIE POLICE DEPARTMENT** or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Any previous employer
6. Present employer
7. Any school, college, university, or other educational institution
8. Any law enforcement or jail officer
9. Military Record Centers
10. Any private citizen who has knowledge of individual
11. Any Local, State, or Federal Government Agency

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize the **MENOMONIE POLICE DEPARTMENT**, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

_____ *Date*

_____ *Signature - Full Name*

_____ *Address - Street and Number*

_____ *City* _____ *State* _____ *Zip*

Witness: _____
Signature

WORD/NEWHIRE/releaseofinformationletterhead

City of Menomonie Confidentiality Statement

As a public agency charged with investigating many different types of complaints, the City of Menomonie Police Department receives a large amount of confidential information that can not be released to the public. According to the Police Department's Policy, information shall only be disseminated to those for whom it is intended, and in accordance with established procedures and Wisconsin Statutes.

During training and while providing services for the City of Menomonie Police Department, a volunteer is likely to receive information that is considered confidential. As a result, volunteers must adhere to the City of Menomonie Police Department confidentiality policy.

Volunteers shall keep confidential the identities of crime victims, witnesses, suspects, as well as any information and reports received. All reports and information generated or received by the volunteer shall be considered the property of the City of Menomonie and shall be turned over to the investigating officer.

Because confidentiality of information is so critical, a volunteer may be terminated for failure to adhere to the City of Menomonie Police Department confidentiality guidelines. Failure to adhere to the City of Menomonie Police Department confidentiality guidelines may also result in additional penalties, including criminal prosecution.

I have read the above statement and understand the requirement for non-disclosure of Police Department information.

Volunteer Signature

Date

Print Name

Menomonie Police Department
Release of Liability and Indemnity Agreement for Non-Employees
(Volunteers)

I, _____, (Volunteer), do hereby agree to indemnify and hold harmless the City of Menomonie, the Menomonie Police Department, their administrators, employees, agents or assigns, from and against any and all claims, demands, damages, actions, causes of actions, or suits of any kind or nature whatsoever for any and all injuries and damages, known and unknown, both to person and property, which may result in or in the future may develop as a result of any involvement, participation, engaging in or helping with any "activities" or "functions" as a volunteer.

"Activities" or "functions" are defined as any enterprise, exercise, undertaking, training, work, project, assignment, task, process or pursuit that may occur on behalf of or with the assistance of the Menomonie Police Department.

I also understand that as a volunteer, I am not covered under the City's Worker's Compensation Insurance.

Volunteer Signature

Date

Print Name

RELEASE OF IMAGES AND VIDEO FOOTAGE

_____ (child's name) participated in the Junior Police Program with members of the Menomonie Police Department.

I hereby fully authorize and release the rights of any images and video related to this program to the City of Menomonie and expressly allow them to use this footage and audio on their social media sites. I forever waive any claim against the City of Menomonie Police Department for said use of the video and images resulting from participating in this program.

I declare that I have fully read and understand the terms of this Release and I have voluntarily accepted it for the purpose of allowing the City of Menomonie Police Department to use any and all video footage and images related to the Junior Police Program identified above.

IN WITNESS WHEREOF I have executed this Release on this ____ day of _____, 2023.

Name of child(ren)-printed

Parent or Guardian Signature