



ALLECA

DEPARTMENT OF ARIZONA AMERICAN LEGION LAW ENFORCEMENT CAREER ACADEMY CADET APPLICATION PACKET

(November 1, 2018 LAST UPDATED)



NEW DATE JUNE 29 THROUGH JULY 6, 2019

APPLICATION CHECKLIST

To be completed by the Applicant and Parents (**MUST BE ATTACHED TO APPLICATION**)
JUNE 29 thru JULY 6, 2019 @ Emmanuel Pines Camp-West of Prescott

	CHECK	DATE COMPLETED
All areas of page #1 completed and dated:	_____	_____
Photocopy of the insurance card attached:	_____	_____
All areas of page #2 completed and dated:	_____	_____
Shirt size circled & measurements listed:	_____	_____
School Endorsement done and attached:	_____	_____
Pre-Academy Physical Evaluation completed & exam within 6-months of attending the Academy:	_____	_____
Photograph Authorization Form completed:	_____	_____
Criminal History Check Form completed:	_____	_____
Leadership Experience Form completed:	_____	_____
All documents emailed to Matt Griffis, DIRECTOR Email: allecadirector@gmail.com	_____	_____
All original documents mailed to: ALLECA - P.O. Box 750 Cortaro, AZ 85652-0750	* ALL INCOMPLETE PAPERWORK WILL BE REJECTED	

The following to be completed by the ALLECA Staff

Documents arrived via fax:	_____	_____
Documents arrived via mail:	_____	_____
Criminal History Completed:	_____	_____
Call to Report Sent:	_____	_____



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APPLICATION FOR ACADEMY

QUALIFICATIONS: ALL BLANKS MUST BE FILLED IN

At the time application for attendance is submitted, applicant must be at least **11 years of age by May 31st of the class year, but not more than 19-years of age** by that same date. He/She must be enrolled in school with a passing grade or have graduated that year. No condition of race, color, creed, or sex is a prerequisite for selection. Applicant must furnish his/her transportation to the academy. All applicants must be of good moral character and come well recommended. Applicant must be willing to withstand rigorous physical training. *It is strongly recommended that calisthenics and aerobic training be practiced prior to reporting to the Academy.*

The Tuition Fee is \$250.00. Tuition is non-refundable. Applications must be received by MAY 1, 2019.

MAIL APPLICATIONS TO: ALLECA DIRECTOR, P.O. BOX 750, CORTARO AZ 85652-0750

PERSONAL DATA: (Please print or type)

Last Name		First Name		MI	Nickname
Date of Birth	Age	Sex: Male/Female		Email Address	
Social Security Number MANDATORY		Driver's License Number & State		Facebook user: Yes or No	
Mother's or Guardian's Name		Father's or Guardian's Name		Email Address	

ADDRESS:

Number, Street, Avenue, Etc. or P.O. Box		City/Town		State	Zip-Code
() -	() -	() -		()	
Home Phone	Parent Work Number	Parent Cell Phone Number		Additional Phone Number	

I am a United States Citizen and believe in the United States form of government

Applicant's Signature	(Date)	Vegetarian Yes or No <i>(circle one)</i>
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MEDICAL INFORMATION MANDATORY

Family Physician's Name and Address	Telephone
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List any allergies and/or medication presently prescribed

Medical Insurance	Policy #
Print Name & Title, Sign Name	Registration No.



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EMERGENCY AUTHORIZATION

I, _____ AS PARENT OR GUARDIAN OF THE APPLICANT, DO HEREBY CONSENT TO THE PERFORMANCE OF MEDICAL AND DENTAL CARE, INCLUDING SURGERY FOR THIS APPLICANT. THIS WILL BE DONE ONLY IN AN EMERGENCY SITUATION AND BY A LICENSED PHYSICIAN.

ATTACH A PHOTOCOPY (Both Sides) OF THE INSURANCE CARD TO THIS APPLICATION.

Signature of Parent or Guardian – **MANDATORY**

(Date)



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AUTHORIZATION TO DISPENSE MEDICATION TO APPLICANT

I, _____ AS THE PARENT OR GUARDIAN OF THE APPLICANT, DO HEREBY
CONSENT AND AUTHORIZE THE ALLECA STAFF TO PROVIDE OR DISPENSE MEDICATIONS AND/OR FIRST AID SUPPLIES
TO THE APPLICANT, SUCH AS, BUT NOT LIMITED TO: ASPIRIN, PAIN MEDICATION, ALLERGY MEDICATION, WRAPPINGS,
ETC. IN THE CHILD'S BEST INTEREST.

Signature of Parent or Guardian

_____/_____/_____
Date

(MANDATORY)

REASON FOR MEDICATION(s):

PRIOR INJURY/EXISTING INJURY DISCLAIMER:

Injury: _____ Date: _____
Injury: _____ Date: _____
Injury: _____ Date: _____

I do hereby certify that the above-named applicant has not had any prior injury or a current existing injury, which will hinder his/her performance while attending the academy. I understand that by not disclosing any such prior injury or existing injury that the applicant may be sent home in the event such occurs or is revealed while attending the academy.

Signature of Parent, Guardian or Applicant if 18 years' old

_____/_____/_____
Date

(MANDATORY)

ALL BLANKS MUST BE FILLED OUT!

VERY, VERY IMPORTANT: IF YOU WANT YOUR UNIFORM TO FIT!!

EACH CADET WILL BE ISSUED BELT, PANTS, T-SHIRT, POLO SHIRT, CAP

MALE UNIFORM MEASUREMENTS

FEMALE UNIFORM MEASUREMENTS

Weight _____ (Pounds)

Weight _____ (Pounds)

Height _____ (Inches)

Height _____ (Inches)

T-Shirt: (CIRCLE ONE) SM MED

LRG XLRG XXLRG

Polo Shirt: (CIRCLE ONE) SM MED

LRG XLRG XXLRG

Trousers Waist _____ (Inches)

Trousers Waist _____ (Inches)

Trousers Inseam _____ (Inches)

Trousers Inseam _____ (Inches)



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AMERICAN LEGION LAW ENFORCEMENT CAREER ACADEMY
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If a \$250.00 (Check or Money Order) made payable to ALLECA does not accompany this application, it will be held until a sponsor is secured for it. Applicant will be notified if there is any problem connected with his/her application.

MAIL CHECK OR MONEY ORDER TO:

ALLECA Program

PO.BOX 750

CORTARO AZ 85652-0750

Applications must be at the above address no later than MAY 1, 2019 or the application will be rejected.

*****All incomplete applications will be REJECTED*****



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HOME SCHOOL ENDORSEMENT

I _____

(Please Type or Print Certified Home School Instructor)

do hereby certify that _____ is a student in good standing

(Name of Student)

at the _____ grade level of a state certified home school or has graduated from the same and has a passing grade level of a "C" or better.

I do recommend him/her for attendance at The American Legion Law Enforcement Career Academy.

_____	_____/_____/_____
Authorized Signature	Date
_____	() - _____
Printed Name	Phone

Email Address	

I do hereby affirm and attest that this is a true and accurate document and this student/applicant for the ALLECA Program is meeting a "C" or better grade point average for the **2018/2019** school year. I further understand that by signing this document I am subject to the Arizona Revised Statutes (ARS) and can be charged and found guilty in a court of law for any misrepresentation of the true facts involving the recommendation and confirmation of this student/applicant mentioned within this document.

_____	_____/_____/_____
Authorized Signature	Date



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PRE-ACADEMY PHYSICAL EVALUATION

To be completed only by an Arizona licensed MD, DO, Physician's Assistant or Nurse Practitioner.

Must be performed within 180-days prior to attending ALLECA Program

EXAM DATE: _____ / _____ / _____

APPLICANT'S NAME _____ D.O.B. _____ / _____ / _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ / _____ RESTING PULSE _____

HISTORY

Existing Medical Problems:

Current Medications:

Past History (Include all surgeries):

Allergies

PHYSICAL

Eyes _____ Ears _____ Lungs _____ Hernia _____

Musculoskeletal (scoliosis, joints, strength)

Based on medical history and this physical exam, this applicant is qualified to participate in all the physical exercises of the ALLECA program including distance running and the required push-ups, pull-ups, and sit-ups. In addition, he/she is physically qualified to take part in those classes involving self-defense and physical contact with other program participants.

Health Professional's Name: _____ AZ Cert. No. _____

(Please Print)

Signature: _____ / _____ / _____

DATE

MD, DO, PA, NP (Please circle one)



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School Physical Fitness Standards Verification Form

Dear School PE Coach or JROTC Instructor,

Your student _____ has applied to attend the American Legion Law
Cadet/Applicants Full Name

Enforcement Career Academy (ALLECA) **2019 program to be held JUNE 29 to JULY 6, 2019**. As such, we are requiring each applicant to submit a verification form to their school PE Coach for verification of their current physical fitness status. This program requires that each applicant currently be able to meet or exceed the following physical fitness standards.

This is a law enforcement/military program geared toward youth between the ages of 11 to 19 years old and the applicant will remain on-site at the academy for an entire week. Each applicant is required to attend daily physical fitness exercises and needs to be able to run 1.5 miles under 15 minutes and complete the number of Pushups and Sit-ups prescribed by the age category within one minute each. This program is not for couch potatoes, nor was it created to correct disciplinary issues currently happening at home or at school. The applicant will be tested once again upon arriving at the Academy and if the Cadet/Applicant fails the PT test the Cadet/Applicant will be sent home.

Below you will find blank areas that we will need completed from you in your own hand writing, if you decide to recommend and confirm upon their status meeting the physical fitness standards. Your signature on this form will guarantee the information provided above is true and accurate, and you fully recommend this student to attend the ALLECA program.

_____	_____
School Coach/Instructors Printed Name	School Name
_____	() - _____
School Complete Address	School Coach Telephone Number
_____	_____ / _____ / _____
School Coach Email Address	(Run time) (# Pushups) (# Sit-ups)

Passed? Circle (Yes or No)

Physical Fitness age requirement breakdown is on the following page.

Date Tested: _____ / _____ / _____

I, the school Physical Education Coach/JROTC Instructor do hereby affirm and attest that this is a true and accurate document and this student/applicant for the ALLECA Program is meeting the minimum standards for the ALLECA Program. I further understand that by signing this document I am subject to the Arizona Revised Statutes (ARS) and can be charged and found guilty in a court of law for any misrepresentation of the true facts involving the recommendation and confirmation of this student/applicant mentioned within this document.

_____	_____ / _____ / _____
School Coaches/JROTC Instructors Signature	Date



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Physical Fitness Age Breakdown Sheet

Ages 11 & 12:	25 Push-ups and Sit-ups within one minute
Ages 13 & 14:	28 Push-ups and Sit-ups within one minute
Ages 15 & 16:	31 Push-ups and Sit-ups within one minute
Ages 17 & 19:	35 Push-ups and Sit-ups within one minute

The number of push-ups and sit-ups is age specific and the prospective Cadet must be able to perform the minimum or exceed the standard for the age category. The resting position for the push-up test is in the down position and not touching the ground. The arms must fully extend, and the back must remain straight during the push-ups. A spotter will need to make a fist on the ground and the sternum of the chest must touch the fist to count as one repetition. The push-up test begins in the up position.

The resting position for the sit-up is in the up position, the elbows must touch or surpass the knees, and the hands can either be inter-locked behind the head or the fingers must always remain behind the arms and the shoulders must touch the ground to count as a repetition. The sit-up test begins in the down position.

Regardless of age, all prospective Cadets will accomplish the 1.5 mile run under 15 minutes. If the prospective Cadet violates any of these instructions, the test is over, and it will have to be repeated.

These tests are based upon the Arizona Peace Officer Standards and Training (AZ POST) requirements to become a Police Officer. If you have any questions or concerns, please contact:

Matt Griffis, ALLECA Director at 520-289-5113 or email: allecadirector@gmail.com

**THIS FORM IS TO BE PROVIDED TO THE P.E. COACH/JROTC INSTRUCTOR
AT THE SCHOOL FOR THE PHYSICAL FITNESS TESTING**



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Photograph Authorization Form

I/We the parent(s)/guardian(s) of _____ give the American Legion
Applicant's Name

Law Enforcement Career Academy (ALLECA) staff the authorization and permission to place photographs and/or videos of cadet _____ onto the ALLECA websites, ALLECA
Applicant's Name

“Facebook” Alumni Group Page and/or any ALLECA promotional or recruitment documentation in order to promote interest into the program. I/We understand that by placing photographs and/or videos of the cadet onto the web site, the cadet will be able to download photographs posted on the web pages or group page, as well as anyone else who wishes to view the web page. I/We understand that the cadet is a minor and the ALLECA program and/or staff is not responsible for unknown persons downloading photographs of the cadet for his/her own personal gratification.

Printed name of parent/guardian

_____/_____/_____
Date

Signature of parent/guardian

(MANDATORY IF CADET IS UNDER 18 YEARS OF AGE)

ALLECA Applicant's Printed Name

_____/_____/_____
Date

ALLECA Applicant's Signature

Each applicant needs to email a digital photograph of his/her self to the ALLECA Director, so we will be able to recognize the cadet upon arrival and check-in. Email the digital photograph to allecadirector@gmail.com. Photographs to be from the shoulders to the top of the head only.



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Criminal History Background Check Notification Form

I/We the parent(s)/guardian(s) of _____ understand

Applicant's Name

& approve that the program that my/our child is about to participate in is a law enforcement program and to attend this program a criminal history background check will be conducted on my/our child. This background check will cover a criminal history check, driver's license record check, and/or review of any or all juvenile court records (Justice & Juvenile Courts, if needed) associated with my/our child.

Candidates/Applicants applying for and attending this program must be of good moral character and cannot have been prosecuted for, found guilty in a court of law for, or investigated for any felonious crime(s) in or outside of the State of Arizona. The purpose of the criminal history background check is to protect all Cadets and Staff members while attending the academy program.

I/We the parent(s)/guardian(s) of cadet _____ understand

Applicant's Name

that all information within this application process will be protected and not shared with any other entities outside of the ALLECA program. To complete this process, I/We voluntarily provide the ALLECA program with my/our child's Social Security Number to assist in the criminal background history check.

Printed name of Parent/Guardian

_____/_____/_____
Date

Signature of Parent/Guardian

MANDATORY FOR ALL CADET APPLICANTS

ALLECA Applicant's Printed Name

_____/_____/_____
Date

ALLECA Applicant's Signature

