



## POLICE CAMP 2024

### **SCHOOL GUIDELINES FOR APPLICANTS**

(Please do not forward this sheet to students)

Police Camp is a unique youth leadership program providing high school students the opportunity to grow their personal and team leadership skills through a policing, public safety, and public service lens. Over eight days, students will be involved in classroom lectures discussing a wide variety of topics, be led through challenging daily physical training and activity, participate in day and night simulations, practice drill instruction, learn social responsibility and life skills, and much more. As students build self-confidence and interpersonal relations with their peers in a team-based environment, they will also build long-term connections with members of our police services.

It is imperative that these applications be vetted by a Counsellor or Coordinator to ensure the suitability of the applicant and that all necessary requirements of the application are completed. Please include comments in order to assist the selection process. This information must be supplied in order for the application to proceed to the interview stage.

- Applicant must have a positive attitude and a willingness to try new things
- Applicant must be in good physical condition
- Applicant must have satisfactory academic performance
- Applicant must be able to commit to an 8-day program in addition to the various steps in the application process
- Applicant must be a productive and responsible student with an excellent attendance record
- Applicant should be involved in one of the following:
  - Team type sports
  - Volunteer groups
  - School organizations

Please connect with a program leader or School Resource Officer to discuss a potential applicant who may fall outside of these criteria.



## POLICE CAMP 2024

### STUDENT APPLICATION & INFORMATION SHEET

Please read the application carefully.

The form **must be completed in full** to be considered.

School staff signatures, parent signatures, letters of recommendation and resumes **MUST BE ATTACHED** to be considered.

Applications must be returned to **School Counsellors no later than:**

**Friday, December 8, 2023**

Security screening will take place in **December 2023 and January 2024**

Students short-listed will be interviewed in **January 2024**

Final selections will be made by **January 26, 2024**

All students will be notified of their standing after final selections.

A **mandatory** orientation night will be held in February at Claremont School. Participants will attend with a parent or guardian. Identification photos and uniform measurements will be taken, and pre-reading material will be issued.

**Police Camp 2024** will be held at Canada Forces Base, Albert Head (Metchosin), from **Saturday, March 16 to Saturday, March 23, 2024.**



## POLICE CAMP 2024

### Instructions to Applicants

Every portion of this application must be completed. If there is a section that is not applicable to you, place "N/A" on that line. All applications must include the following:

Please check off when completed:

Check	Date	Item
		Completed Application
		Signature of teacher supporting application
		Completed Police Information Check Consent Form
		Photocopy of photo identification (Government Issue)
		Off-Site Permission Form (Your School's Field Trip Form)
		Participant Medical Information Form
		Consent Forms (x2)

Please have ALL boxes checked prior to submission of the application.

It is the responsibility of each applicant to ensure this form is completed in full and returned to your school counsellor prior to the close of school on December 8, 2023.



**POLICE CAMP 2024  
APPLICATION FORM**

Greater Victoria Police  
**FOUNDATION**

PLEASE PRINT

PERSONAL INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE NAME(S)
List any other names used since birth (excluding above):		
Please circle: Sex: M    F    Gender Diverse    X_____		
Address:		City:
Postal Code:	Phone Number:	
Date of Birth:		
Drivers License Number:	Province of:	

CLOTHING SIZES
Unisex Track Pants: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Jacket: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
T-Shirt: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

SCHOOL INFORMATION	
School Name:	
Phone Number:	Address:
Grade:	Career Counsellor:

INTERESTS
Please list your hobbies and/or interests:
Please list any special skills/experiences you have:

EMPLOYMENT	
Please describe any volunteer work you have done:	
Organization:	Duties:

**Please list jobs or positions held (if any):**

**Why are you interested in attending Police Camp?**

**What are you hoping to acquire from attending Police Camp?**

**REFERENCES**

**Please list two references (not related):**

**Name:**

**Address:**

**Phone Number:**

**Name:**

**Address:**

**Phone Number:**

SIGNATURE OF PARENT OR GUARDIAN (Required):		
Name (please print):	Date:	Phone Number:
Signature:		

SCHOOL RECORD _____ SCHOOL COUNSELLOR RECOMMENDATION <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate if school record included in application package	
Counsellor's Notes:	
Counsellor's Name	Phone Number:

For Police Use Only:
CPIC <input type="checkbox"/> CNI <input type="checkbox"/> PIP <input type="checkbox"/> PRIME <input type="checkbox"/> DRIVING RECORD <input type="checkbox"/>
Police Interview Recommendation:
Interview Notes:
Police Interviewer's Name:
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT SUCCESSFUL



**PARTICIPANT MEDICAL INFORMATION**  
Please Print

Greater Victoria Police  
**FOUNDATION**

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME(S)</b>
<b>Date:</b>		
<b>Sex: M F Gender Diverse X_____</b>		<b>Blood Type (if known):</b>
<b>Address:</b>		<b>City:</b>
<b>Postal Code:</b>		
<b>Age:</b>	<b>Birth Date:</b>	
<b>Height:</b>	<b>Weight:</b>	
<b>BC Care Card #:</b>		
<b>Medications:</b>		
<b>Dietary Restrictions:</b>		
<b>Name of Family Doctor:</b>	<b>Address of Family Doctor:</b>	<b>Phone Number:</b>
<b>Mother's Name:</b>	<b>Address (if different from above):</b>	<b>Work Phone Number:</b>
		<b>Home Phone Number:</b>
<b>Father's Name:</b>	<b>Address (if different from above):</b>	<b>Work Phone Number:</b>
		<b>Home Phone Number:</b>
<b>Describe any medical/physical problems that the School District should be aware of or that might affect performance with an employer (i.e.: Epilepsy, Diabetes, etc.)</b>		
<b>Signature of Student:</b>		<b>Signature of Parent/Guardian</b>





## POLICE CAMP 2024

### CONSENT FORMS

Greater Victoria Police  
**FOUNDATION**

#### **Disclosure of Information – Applications, Police Information Check, and Medical Information**

As a participant in this program, the undersigned, being of the age 19 years or more, and where the undersigned participant is under the age of 19 years, both the undersigned participant and his/her parent(s) or guardian(s), HEREBY CONSENTS to the Greater Victoria Police Camp, the police departments involved, the undersigned participant's School District, and the Greater Victoria Police Foundation to disclose the contents of the Police Camp 2023 application package, including all associated consent forms, to only those individuals necessary for the operation of the Police Camp program.

The undersigned hereby releases from liability the Greater Victoria Police Camp, the police departments involved, the undersigned participant's School District, and the Greater Victoria Police Foundation and further agrees to hold these parties harmless from any liability arising out of the sharing of this information for the purposes of the operation of the Police Camp program. This information will only be shared with those individuals who are directly administering Police Camp.

Dated at \_\_\_\_\_, B. C., the \_\_\_\_\_ day of \_\_\_\_\_, 202\_

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness



**POLICE CAMP 2024**  
**CONSENT FORMS**

Greater Victoria Police  
**FOUNDATION**

**Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity and Model Release Agreement**

Program: Police Camp (The “Program”)

Event Date: March 16 through March 23, 2024

Event Location: Various – Primarily CFB Albert Head, Metchosin

**IMPORTANT: PLEASE READ THIS ASSUMPTION, RELEASE, AND WAIVER OF LIABILITY (THE “AGREEMENT”) CAREFULLY. IT OUTLINES CERTAIN DETAILS REGARDING YOUR PARTICIPATION IN THE GREATER VICTORIA POLICE FOUNDATION’S (“GVPF”) AND GREATER VICTORIA AREA POLICE DEPARTMENT’S (“PD”) EVENT. THIS AGREEMENT INCLUDES AN ASSUMPTION OF LIABILITY BY YOU (THE “PARTICIPANT”) AND A RELEASE AND WAIVER OF LIABILITY IN FAVOUR OF GREATER VICTORIA POLICE FOUNDATION, GREATER VICTORIA AREA POLICE DEPARTMENT’S AND THE MUNICIPALITIES TO WHICH THE PD’S PROVIDE POLICING SERVICES (THE “PARTNERS”), AND ITS OFFICERS, PARTNERS, DIRECTORS, EMPLOYEES, SPONSORS, SERVANTS, AGENTS, VOLUNTEERS, REPRESENTATIVES, AGENTS, SUCCESSORS AND ASSIGNS (THE “AGENTS”). IN ORDER TO PARTICIPATE IN THE PROGRAM, THE PARTICIPANT MUST AGREE TO AND ABIDE BY THE CONDITIONS OF THIS AGREEMENT. BY SIGNING BELOW, THE PARTICIPANT INDICATES THAT HE/SHE/THEY UNDERSTANDS, ACKNOWLEDGES AND FREELY ACCEPTS THE TERMS OF THE AGREEMENT SET FORTH HEREIN.**

**ASSUMPTION RELEASE AND WAIVER:**

In consideration for the opportunity to participate in the Program and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Participant on his/her own behalf and on behalf of his/her heirs, administrators, successors, assigns, insurers, estate and anyone else who may make any claim for or on their behalf, hereby irrevocably and unconditionally states and agrees as follows:

1. I agree as a precondition to the Participant’s participation in the Program and in consideration of the Partners allowing the Participant to do so, that I will strictly be bound by the terms of this Agreement.
2. All risks and dangers arising from participating in the Program; and other workshop risks not identified beforehand, and the possibility of injury, death, property damage or loss, resulting from my or others’ participating in the Program.
3. I certify that the Participant is physically fit and has not been otherwise informed by any physician. I certify that I know of no restrictions imposed on the Participant by any physician, or otherwise, that would in any way prevent him/her from participating in the Program. I agree that the Partners and Agents shall not be liable for any pre-existing medical conditions or other conditions or circumstances that arise during the Program and/or any travel related thereto.

4. I understand and agree that the Participant is voluntarily participating in the Program at his/her own risk. I acknowledge that there are inherent dangers, hazards, and risks (collectively, "Risks") associated with this program. I freely accept and fully assume all responsibility for the inherent Risks and for any personal injury, death, property damage, or any other loss or injury which might result, possibility of sickness, death, or spread of COVID-19, either directly or indirectly, from the Participant's participation in the Program, from the acts of others, or from the unavailability of emergency medical care.

5. I acknowledge that I have considered and evaluated the nature, scope and extent of the Risks involved with the Participant's participation in the Program, and, notwithstanding these Risks, I hereby confirm and agree that I voluntarily and freely choose to assume these Risks and the Participant's participation in the Program.

6. In the event of any accident or illness affecting the Participant, I authorize the Partners and the Agents to authorize, on my behalf, all procedures, including admission to hospital and any necessary treatment therein deemed essential for the care and well-being of the Participant. Such action is only to be taken when immediate authorization from the undersigned cannot be obtained. It is understood that the Partners and the Agents are not responsible for any medical care costs.

7. I understand and fully accept that the Partners reserves the right, at any time, to refuse, without penalty or any obligation to refund any amount paid, continued participation in the Program by any person who at the sole discretion of the PD's becomes a hazard to themselves, other Program participants, the Partners, the Agents or animals.

8. In entering into this agreement, I am not relying on any oral, written or visual representation or statements by the PD's, its officers, employees, agents of representatives, or any other inducement or coercion to participate in the workshop, only of my own free will.

9. I hereby waive any and all claims which I may have against the Partners and the Agents and release and indemnify the Partners and the Agents from any and all liability for injury, sickness, death, property damage or any other loss sustained by the Participant or the Participant's next of kin as a result of participation in the Program, due to any cause whatsoever, including, without limitation, negligence, breach of contract, or breach of any statutory or other duty of care by the Partners or the Agents.

10. I acknowledge that if any portion of this Agreement is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Agreement supersedes any oral or written statements made by any of the Partners or Agents in connection with the Program. This Agreement is governed by the laws in force in British Columbia (without regard to conflicts of laws) and operates to the benefit of the Partners and Agents, as well as their administrators, successors and assigns, and is binding on me and my heirs, administrators, successors, assigns, insurers and estate.

11. Model Release: By initialling in the Acceptance of Model Release box in the Participant Names/Signature section of this agreement, I grant the Partners permission in perpetuity to record the participant and/or the participant's voice and to use the recording in any publications, displays, presentation or other related use in any format, including but not limited to print, electronic, www site or other media. All such recordings and all rights therein and thereto, including moral rights, shall be the exclusive property of the GVPF and the PD's.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT CONTAINS A PROMISE NOT TO SUE THE PARTNERS OR THE AGENTS AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF THE PARTICIPANT IS UNDER THE AGE OF NINETEEN, I CONFIRM THAT I AM HIS OR HER PARENT OR GUARDIAN AND THAT I HAVE EXECUTED THE AGREEMENT ON BEHALF OF THE PARTICIPANT.**

This Agreement will be binding on myself or my child or ward, as the case may be, and our respective representatives, heirs and assigns.

Dated at \_\_\_\_\_, B. C., the \_\_\_\_\_ day of \_\_\_\_\_, 202\_

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness



# Police Information Check Form

Greater Victoria Police  
**FOUNDATION**

### 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***

**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**

### **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 or provide alternative) M    F    GENDER    x _____ DIVERSE	
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><u>PREVIOUS ADDRESS</u></b> (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 (Police Camp)

**Agency requesting Police Information Check :** \_\_\_\_\_ for the purpose of Police Camp

**CONSENT TO SEARCH RECORDS**

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.

I further consent in writing to the disclosure of the result of this police information check to the requesting person or organization referred to above.

_____ Signature of Applicant	_____ Date Signed
_____ Signature of Parent/Guardian	_____ Date Signed

**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*.

<b>Date of Conviction</b>	<b>Nature of Offence</b>	<b>Location/Jurisdiction</b>
_____ Signature of Applicant		_____ Date signed
_____ Signature of Applicant		_____ Date signed

**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the VICTORIA POLICE DEPARTMENT OR ANOTHER GREATER VICTORIA AREA POLICE AGENCY 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. 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 **to the person and/or organization listed above**. I understand that they alone will determine the impact of any reported search results. I understand that the accuracy of the reported information, to be disclosed, 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 police agency conducting the Police Information Check, 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**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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