

REGISTRATION FORM

RCMP RECRUITING YOUTH COP CAMP

Have you ever wondered what it would like to be a police officer? The West Kelowna RCMP Indigenous Policing Unit will be holding a RCMP Recruiting Youth COP CAMP on Westbank First Nation reserve August 9 to 13, 2021 for youths ages 15 to 17. Our goal is to help build better community relationships between the RCMP and indigenous communities while boosting recruitment of indigenous people in the RCMP.

Deadline for registration: August 1, 2021

Registrant Type: Youth Age _ Chaperone _

Name: _____ Date Of Birth: _____

Address: _____

Phone No: _____ Email: _____

BC Care Card #: _____

Garment Size _____

Gender _____

APPLICANT'S ESSAY (Why do you want to participate?) 250 word maximum. Please attach essay on a separate sheet of paper. (Not needed for chaperone)

Contacts in case of emergency:

1- Contact Name: _____.

Address: _____.

Work Phone: _____.

Cell Phone: _____.

2- Contact Name: _____.

Address: _____.

Work Phone: _____.

Cell Phone: _____.



Note: Basic Criminal Record Check is mandatory.

PLEASE READ THE FOLLOWING CAREFULLY:

Police officers must maintain a high level of fitness to perform their duties effectively and professionally. At the **RCMP Recruiting Youth COP CAMP**, you are expected to be in good condition and **injury free**.

The physical components of the **RCMP Recruiting Youth COP CAMP** include a conditioning program, participation in team sports and games. Additionally, simulations of police scenarios that may include foot pursuits, controlling and apprehending suspects.

Participants will be exposed to simulated physical ability requirements similar to RCMP recruits.

It is the recommendation of the **RCMP Recruiting Youth COP CAMP** 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.

a. List any injuries or illnesses affecting physical activity.

b. Have you been under a doctor's care for any reason within the preceding two (2) years? No Yes

If yes, explain:

c. Do you have a bone or joint problem that could be aggravated by physical activity? No Yes

If yes, explain:

d. Do you feel pain in your chest while you exercise physically?

No Yes

If yes, explain:

e. Do you experience dizziness, or do you ever lose consciousness?

No Yes

If yes, explain:

f. Are you currently on medication? No Yes

If yes, explain:

g. Please list any dietary restrictions below:

Applicant Signature _____

Date: _____

Parent/ Guardian Signature: _____ **Date:** _____

Youth: please return completed forms and essay to your chaperone.

Chaperones: please return completed forms to:

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