

Michigan Law Enforcement Youth Training Council

31st Annual

2010 Fort Custer, Battle Creek, MI

ACADEMY ADULT REGISTRATION INFORMATION

Academy Dates: June 25th through July 2nd, 2010

Academy Registration: Friday June 25th, 2010 1200 hours until 1600 hours

Opening Ceremony: Friday June 25th, 2010 @ 1700 hours

Cost: \$170.00 Per Explorer
\$60.00 Per Adult

Post Registration: \$25.00

Late Post Registration: \$100.00

Registration packets are due by **June 1, 2010**

PLEASE MAIL REGISTRATION PACKETS TO:

**Carrie Stevens
1103 Peach Blossom Circle
Burton, MI 48509**

If you have any questions on problems with your registration please feel free to contact Paramedic Carrie Stevens @ (810) 397-1638.

Opening ceremonies will be at 1700 hours on Friday June 25, 2010 and Graduation will be at 1100 hours on Friday July 2, 2010.

ADVISORS PLEASE READ THE FOLLOWING PAGES FOR INFORMATION NEED FOR REGISTRAION.

**MICHIGAN LAW ENFORCEMENT YOUTH ADVISORY COMMITTEE
ADULT STAFF PERSONNEL RECORD**

Academy Dates: June 25th, 2009 thru July 2nd, 2010

Registrations are due by **June 1, 2010**. Please mail them to:

Carrie Stevens
1103 Peach Blossom Circle
Burton, MI 48509
symian277@gmail.com

If you have any questions on problems with your registration please feel free to contact me (810) 397-1638.

The following paperwork must be turned in for all adult staff. As you can see we have changed the adult forms. These forms will be kept confidential and are only used for DSS purposes. Certificates of training are required, for example MLEOTC diploma, firearms, CPR and first aid certificates.

Please make copies of all the necessary forms for distribution to your Advisors. I have enclosed one full registration package for the adults and students. It is very important that every person attending the academy has the **proper** paperwork. All paperwork must be complete and turned in with pre-registration. **Please print legibly.**

Before mailing your adult package please make sure the following information is included (if not previously submitted).

- *A negative TB test from your doctor's office. The doctor's office should have a form or they can write the results on a prescription pad.
- *Adult registration form (one per post)
- *All training certificates
- *Health and medical records form
- *Resume

We are always looking for patrol vehicles for different training uses so if possible please bring one up and let the academy Training Director know it is available. Thank you.

**REMEMBER IT IS IMPORTANT TO HAVE ALL THE
PAPERWORK FILLED OUT INCLUDING MEDICAL FORMS FOR
ALL THE EXPLORERS AS WELL AS STAFF WHEN YOU TURN IN
YOUR REGISTRATION.
(IT MUST BE TURNED IN PRIOR TO ACADEMY)**

**MICHIGAN LAW ENFORCEMENT YOUTH
TRAINING ACADEMY
ADULT REGISTRATION**

ADVISOR: Please clearly type or print all portions of this form except those designated "office use". Please have the names printed the way the adult would like it printed on their certificate of appreciation.

ADVISOR REGISTRATION

The column marked YA indicates the number of years. For example if your advisor is attending for the first time, this column would have a one (1) in it. Enter all attending advisors in the chart below. The column with S/S in it is for your shirt size.

POST NAME: _____ POST #: _____

	NAME	D.O.B	SEX	S/S	YA	OFFICE USE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

In order to ensure adequate training support and supervision, all adult advisors attending the 2010 MLEYTA are expected to serve in a staff assignment. These assignments will be made by the Academy Commander based on the needs of the MLEYTA.

ADVISOR'S SIGNATURE

DATE

**REMEMBER IT IS IMPORTANT TO HAVE ALL THE
PAPERWORK FILLED OUT INCLUDING MEDICAL FORMS FOR
ALL THE EXPLORERS AS WELL AS STAFF WHEN YOU TURN IN
YOUR REGISTRATION.**

ADULT STAFF PERSONNEL RECORD

Each year we make up an adult staff roster, please let us know if you do not want your information published. This information is **only** made available for other adult staff.

Last Name	First Name	# of Years @ Acd.	Shirt Size
Home Address	City	State	Zip Code
Home Phone	Cell Phone		
Certified Police Officer ___YES ___NO	Rank	Gender	DOB:
Department Name	Wk Phone #	Work Fax #	
Dept Street Address	City	Zip Code	
Email address:			

In case of emergency, Notify:

Name	Relationship		
Address	City	State	
Home Phone ()	Work Phone ()		
Cell Phone ()	Other Phone Numbers ()		

I believe the applicant is suitable for the job of Academy Faculty member at the Michigan Law Enforcement Youth Training Academy.

Name: _____ Dept: _____
 Address: _____
 Phone: H _____ W _____
 Years known applicant: ___ Affiliation w/applicant: _____
 Signature of Reference: _____

Name: _____ Dept: _____
 Address: _____
 Phone: H _____ W _____
 Years known applicant: ___ Affiliation w/applicant: _____
 Signature of Reference: _____

Name: _____ Dept: _____
 Address: _____
 Phone: H _____ W _____
 Years known applicant: ___ Affiliation w/applicant: _____
 Signature of Reference: _____

Have you ever been convicted of anything other than a minor traffic violation?
 NO: ___ YES: ___ If yes, explain: _____

ADULT HEALTH AND MEDICAL RECORD

The following information is **OPTIONAL** and will only be used in case of a medical emergency.

YES	NO		YES	NO	
		Sinus trouble			Rheumatic fever
		Kidney disease			Epilepsy
		Severe stomach pain			Asthma
		Earache / ear infection			Diabetes
		Heart trouble			Frequent diarrhea
		Tuberculosis			Hay fever
		Stinging insect reactions			Menstrual problems
		Fainting spells			Allergies (if yes, see next page)
YES	NO				
		Do you tire easy?			
		Have you had more than a brief minor illness or injury in the last year?			
		Do you have shortness of breath?			
		Do you have any condition now requiring regular medication or treatment?			
		Have you had any operations or serious injuries? Specify Date and condition(s).			
		Do you have any restrictions of activity for medical reasons?			
		Are you currently taking any medication prescribed by a doctor? (if yes, see next page)			
		Are there behavior considerations, which need to be considered?			
		Are there any special health considerations?			
		Do you have any special dietary needs (if yes, see next page)?			

Please provide additional information for any question(s) answered yes:

Please list **ALL** medications that you are currently taking. If you need more room please use the back of this page.

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all allergies or reactions to any medications, be specify:

If this is your first year with us, I have provided a list of things you may want to have.

EQUIPMENT LIST

Bathroom equipment:

1. Toilet articles and personal hygiene items
2. Towels and wash cloths (2 of each)
3. Shower thongs

Clothes:

1. Black BDUs (uniform everyday) (can be dark blue)
2. Black work boots
3. Tee shirts, shorts, sweaters and sweat shirts
4. Light jacket and heavy jacket
5. Swim suit and gym shorts
6. Rain poncho
7. Socks (heavy, and may need more than one pair per day)
8. Floor rug
9. Sweat suit (optional)
10. Gym shoes (staff will be invited to participate in the physical training)

NOTE: Shoes are used for running and marching. Alpena CRTC is comprised primarily of asphalt and sand, so footwear should be broken in and offer good support.

Miscellaneous equipment:

1. Clothes hangers
2. Suntan lotion and insect repellent
3. Fans
4. Camera
5. Alarm clock
6. Suitcase should be lockable
7. Small cooler for your needs
8. Lysol or air freshener
9. Sleeping bag and pillow
10. Mattress cover and sheets for single bed