



**THE AMERICAN LEGION
LAW ENFORCEMENT CAREER ACADEMY**



APPLICATION CHECKLIST

To be completed by the Applicant and Parents (MUST BE ATTACHED TO APPLICATION)

June 3rd to June 10th of 2017 (St. Joseph's Youth Camp-Mormon Lake)

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 Sgt. Hornung:
Email: allecadirector@gmail.com** _____

**All original documents mailed to P.O. Box 273
Payson, AZ 85541-0273:** _____

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: _____



THE AMERICAN LEGION LAW ENFORCEMENT CAREER ACADEMY



P.O. Box 273 Payson, AZ 85541-0273
 Telephone: (928) 468-2823
 Sgt. Dave Hornung, GCSO, Director/Camp Commandant
 Email: allegadirector@gmail.com
 Dan Palmer, Deputy Director
 Phone: (602) 377-4405 Email: 4385palmer@gmail.com

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 31th of the class year, but not more than 18-years of age by that same date. He/She must be enrolled in school with a passing grade or have been 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 at the address shown above by April 5, 2017.

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.

Vegetarian
 Yes or No
 (circle one)

(Applicant's Signature) (MANDATORY)	(Date)
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MEDICAL INFORMATION:

(Family Physician's Name)	() - - - - - (Telephone)
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(List any allergies and/or medication presently prescribed)

Medical Insurance: _____ Policy #: _____
 (Print Name & Title, Sign Name) (Registration No.)

EMERGENCY AUTHORIZATION:

I, _____ AS PARENT OR GUARDIAN OF THE APPLICANT, DO HEREBY CONSENT TO THE PERFORMANCE OF MEDICAL AND DENTAL CARE, INCLUDING OPERATIONS, 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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THE AMERICAN LEGION
LAW ENFORCEMENT CAREER ACADEMY



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!!

MEN WOMEN
UNIFORM MEASUREMENTS UNIFORM MEASUREMENTS
Weight (Pounds) Weight (Pounds)
Height (Inches) Height (Inches)
T-Shirt: SM MED LRG XLRG XXLRG (Circle One) Polo Shirt: SM MED LRG XLRG XXLRG (Circle One)
Trousers Waist (Inches) Trousers Waist (Inches)
Trousers Inseam (Inches) **Trousers Inseam (Inches)**

If \$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, Sgt. Dave Hornung P.O. Box 273 Payson, AZ 85541-0273

Applications must be at the above address no later than April 5, 2017
or the application will be rejected

All incomplete applications will be REJECTED



**THE AMERICAN LEGION
LAW ENFORCEMENT CAREER ACADEMY**



**ALLECA 2017
School Administrator Grade Point Average
Verification Form**

Dear School Principle/Administrator,

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

Enforcement Career Academy (ALLECA) 2017 program to be held from June 3rd to June 10th of 2017. As such we are requiring each applicant to submit a verification form to their school Principle/Administrator for verification of their current **2016/2017** grade point average. This program requires that each applicant currently have a grade point average of a "C" or better in order to attend this program.

This is a law enforcement/military program geared toward youth between the ages of 11 to 18 years old and the applicant will remain on-site at the academy for an entire week. Each applicant is required to attend daily classes and attend functions while attending the academy that require the applicant to write essays, reports, and complete testing of all of the information taught to them throughout the week. It is imperative that the applicant be able to retain and comprehend information in order to successfully graduate from the ALLECA Program. This program is not for couch potatoes, nor was it created to correct disciplinary issues currently happening at home or at school.

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 as an above standard student and/or meeting a minimum grade point average of at least a "C" for the **2016/2017** school year. 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 Principle/Administrators Printed Name) (School Name)

(School Complete Address) (City/Town) (Zip-Code)

()

(School Principle/Administrators Telephone Number) (School Principle/Administrators Email Address)

(Yes or No)
(Recommendation & Minimal "C" Average)

I, the school Principle/Administrator 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 **2016/2017** 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.

(School Principle/Administrators Signature) (Date)



**THE AMERICAN LEGION
LAW ENFORCEMENT CAREER ACADEMY**



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 2016/2017 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)



THE AMERICAN LEGION LAW ENFORCEMENT CAREER ACADEMY



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 operations): _____

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 of 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
(Circle one)



THE AMERICAN LEGION
LAW ENFORCEMENT CAREER ACADEMY



ALLECA 2017
School Physical Fitness
Standards Verification Form

Dear School PE Coach or Jr. ROTC Instructor,

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

Enforcement Career Academy (ALLECA) 2017 program to be held June 3rd to June 10th of 2017. 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 18 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/Jr. ROTC 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/Jr. ROTC Instructors Signature)	(Date)



THE AMERICAN LEGION
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ALLECA 2017

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 & 18:	35 Push-ups and Sit-ups within one minute

The amount 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 in order 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 remain behind the arms at all times and the shoulders must touch the ground in order 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 in order to become a Police Officer.

If you have any questions or concerns please contact Sgt. Dave Hornung at 928-468-2823.

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**THIS FORM IS TO BE PROVIDED TO THE P.E. COACH/Jr. ROTC 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
(Applicants Name)

Law Enforcement Career Academy (ALLECA) staff the authorization and permission to place
photographs and/or videos of cadet _____ onto the ALLECA web
(Applicants Name)

sites, ALLECA “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.

