## APPLICATION CHECKLIST

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

**JUNE 12 thru JUNE 19, 2021** @ Emmanuel Pines Camp-West of Prescott

<table>
<thead>
<tr>
<th>Application Section</th>
<th>Check</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of page #1 completed and dated:</td>
<td></td>
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<tr>
<td>Photocopy of the insurance card attached:</td>
<td></td>
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<tr>
<td>All areas of page #2 completed and dated:</td>
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<tr>
<td>Shirt size circled &amp; measurements listed:</td>
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<td></td>
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<tr>
<td>School Endorsement done and attached:</td>
<td></td>
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<tr>
<td>Pre-Academy Physical Evaluation completed &amp; exam within 6-months of attending the Academy:</td>
<td></td>
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<tr>
<td>Photograph Authorization Form completed:</td>
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<tr>
<td>Criminal History Check Form completed:</td>
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<tr>
<td>Leadership Experience Form completed:</td>
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<tr>
<td>All documents emailed to Matt Griffis, DIRECTOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:allecadirector@gmail.com">allecadirector@gmail.com</a></td>
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</table>

**All original documents mailed to:**

**ALLECA - P.O. Box 750 Cortaro, AZ 85652-0750**

*ALL INCOMPLETE PAPERWORK WILL BE REJECTED*

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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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Page 1 of 15
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 $300.00. Tuition is non-refundable. Applications must be received by MAY 1, 2021.

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

PERSONAL DATA: (Please print or type)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Nickname</th>
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<tbody>
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</tbody>
</table>

Date of Birth Age

Sex: Male/Female

Email Address

Social Security Number

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
(circle one)

MEDICAL INFORMATION MANDATORY

Family Physician’s Name and Address

Telephone

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 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)
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
(MANDATORY)

Date

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
(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

Weight ________________ (Pounds)
Height ________________ (Inches)

T-Shirt: (CIRCLE ONE) SM MED

Polo Shirt: (CIRCLE ONE) SM MED

Trousers Waist ____________ (Inches)
Trousers Inseam ____________ (Inches)

FEMALE UNIFORM MEASUREMENTS

Weight ________________ (Pounds)
Height ________________ (Inches)

Trousers Waist ____________ (Inches)
Trousers Inseam ____________ (Inches)
If a $300.00 (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, 2020 or the application will be rejected.

***All incomplete applications will be REJECTED***
School Administrator Grade Point Average Verification Form

Dear School Principal/Administrator,

Your student __________________________________________ has applied to attend the American

Cadet/Applicants Full Name

Enforcement Career Academy (ALLECA) program to be held from JUNE 12 through JUNE 19, 2021. As such,
we are requiring each applicant to submit a verification form to their school Principal/Administrator for
verification of their current grade point average. This program requires that each applicant currently have a
grade point average of a “C” or better to attend this program.

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
classes and attend functions while attending the academy that require the applicant to write essays, reports,
and complete testing of all the information taught to them throughout the week. It is imperative that the
applicant be able to retain and comprehend information 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 this current 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.

__________________________________________
校校长/管理员签名

School Principal/Administrator Printed Name

School Complete Address

( )

School Principal/Administrator Telephone Number

School Principal/Administrator Email Address

Recommendation & Minimal “C” Average

I, the school Principal/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 this current 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.

________________________________________________________
校校长/管理员签名

Date

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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

___________________________________________________________
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 this current 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
PRE-ACADEMY PHYSICAL EVALUATION

To be completed only by an Arizona licensed MD, DO, Physician’s Assistant or Nurse Practitioner. Must be performed 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: __________________________________________________________ __________ / __________

MD, DO, PA, NP (Please circle one)
School Physical Fitness Standards Verification Form

Dear School PE Coach or JROTC Instructor,

Your student ________________________________ has applied to attend the American Legion Law Enforcement Career Academy (ALLECA) program to be held JUNE 12 to JUNE 19, 2021. 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 18 minutes and complete the number of Pushups and Sit-ups prescribed by the age category within one minute each. This program is physically demanding with physical training each day, to include running, push-ups, sit-ups and calisthenics. The applicant will be assessed upon arriving at the Academy with the 1.5 mile run, push-ups and sit-ups. The applicant will be expected to meet the minimum standards on the day 1 assessment. There will be a physical fitness challenge at the end of the week.

Below you will find blank areas that we will need completed from you in your own handwriting, 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
Physical Fitness Age Breakdown Sheet

Ages 11 & 12: 15 Push-ups and Sit-ups within one minute
Ages 13 & 14: 17 Push-ups and Sit-ups within one minute
Ages 15 & 16: 19 Push-ups and Sit-ups within one minute
Ages 17 & 19: 21 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 ears 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 need to be able to complete the 1.5 mile run under 18 minutes.

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
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/herself 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.
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


LEADERSHIP BACKGROUND INFORMATION

If the applicant has any leadership background, such as previously or currently holding a supervisory position within the Boys or Girls Scouts, JROTC, Police Explorer Scouts, Sport Team(s), School Student Counsel, Specialty Groups, and/or Work, please provide a brief explanation below. The ALLECA class has a President and Squad Leader positions, so we would like to know if the applicant has any leadership experience.

LEADERSHIP EXPERIENCE:  YES  NO  (Circle one)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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