

# Brooks Youth Police Academy



**February 2 – 6, 2026**

## Student Information & Application

Name: \_\_\_\_\_

School: \_\_\_\_\_



# **BROOKS YOUTH POLICE ACADEMY**

## ***Student Applicant Information Sheet***

This work experience is offered to students who have a genuine interest in policing as a potential career. This is a 5-day mini police academy where you will have the opportunity to learn about different aspects of policing and operational support units. It is a small sampling of a vast and exciting career that is ever changing. There will be opportunities to speak with various professionals from the field. On the last day we will have an RCMP recruiter present to explain the application process for the RCMP and answer any questions you may have. Upon successful completion of the Youth Police Academy, students will receive a certificate, letter of reference and 3 high school credits.

The forms must be **completed in full**, including candidate, school staff, and parent signatures. Letter of recommendation and resume **must be attached** to be considered.

Applications must be turned into your school office or the Brooks Detachment, attention to the Community Policing Unit by **December 2, 2025**.

Upon successful completion of security screening, candidates will be notified by the Community Policing Unit about their acceptance into the program.

**- THIS IS A PHYSICALLY DEMANDING PROGRAM -  
STUDENTS MUST BE IN GOOD PHYSICAL/MEDICAL CONDITION**

Final selections will be made by **December 20, 2025**. Students will be notified by phone call or email if they've been selected.

# **BROOKS YOUTH POLICE ACADEMY**

## ***Instructions for Applicants***

**Any student wishing to apply may do so, but only students who meet the following basic criteria will be considered:**

- has a genuine interest in policing**
- 15-18 years of age as of February 2026 (in grade 10, 11 or 12)**
- in good standing in all classes**
- has good attendance record**
- displays a willingness to work**
- completed the application in full**
- been recommended by school staff**
- be physically and medically fit**

**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:**

1. Typed resume.
2. Letter of reference (SPECIFIC TO THIS YOUTH ACADEMY, must be a teacher or other professional).
3. Signature of teacher on the application form with recommendation comments.
4. Provide school record of class attendance and or a copy of recent transcript.
5. Signature of parent/guardian on the application, guardianship appointment, media release, and medical forms.
6. Completed Media Release Form.
7. Completed parent Permission/Guardianship Appointment Form.
8. Completed Medical Form.
9. T-Shirt size.

**It is the responsibility of each applicant to ensure these forms are completed in full and returned to the school office or the Brooks RCMP Detachment with attention to Community Policing Unit by Friday, December 2, 2025**

# APPLICATION FORM

## PLEASE PRINT

(If you require additional space, please use the reverse side of this form.)

Full Name: \_\_\_\_\_ Sex: M / F / O  
Surname First Second

Address: \_\_\_\_\_ City \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ From Province of: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

List any injuries affecting physical activity: \_\_\_\_\_

Do you have any special dietary/medication requirements: \_\_\_\_\_ If so, list: \_\_\_\_\_

Please list your hobbies and/or interests: \_\_\_\_\_

Please list any special skills/experiences: \_\_\_\_\_

Please describe any volunteer work you have done:

Organization

Duties

Please list jobs or position held (if any): \_\_\_\_\_





**BROOKS YOUTH POLICE ACADEMY 2026**  
***Criminal Record Check Info***

Name: \_\_\_\_\_  
Surname First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
Day Month Year City Province

Driver's License #: \_\_\_\_\_ Province of Issue: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

How long have you been a resident of the area? \_\_\_\_\_

To your knowledge have you or any of your immediate family members ever been the subject of a police criminal investigation. If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ give permission to the Royal Canadian Mounted Police to obtain all information necessary to qualify me in the Brooks Youth Police Academy. It is understood that the R.C.M.P. will have final authority in the approval or rejection of the application and whose decision, or the criteria, or the method of making such a decision, will not be questioned or objected by me, and I will bear no grievance against the R.C.M.P. in this respect.

\_\_\_\_\_  
Signature of Applicant Date

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

**ATTENTION:**

**Any false information given in this application will be grounds for denial, or if accepted, immediate dismissal.**

# BROOKS YOUTH POLICE ACADEMY 2026

## *Medical Questionnaire*

Please read the following carefully.

- ◆ Police officers must maintain a high level of fitness to perform their duties effectively and professionally. Therefore, at the Brooks Youth police Academy, you will be expected to be in good condition and **injury free**.
- ◆ The physical components of the Youth Academy include a conditioning program, participation in team sport games, simulations of police scenarios, involving chasing, controlling and apprehending suspects.
- ◆ It is the recommendation of the Youth Academy to undergo a medical examination by a physician if the applicant or their guardians have any concerns.
- ◆ Read and honestly answer each question. Any information regarding previous injuries must be volunteered. If it is not, and the injury surfaces during the activities at the Academy, the candidate may be expelled.

1. List any injuries or illnesses affecting physical activity. \_\_\_\_\_

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2. Do you have a bone or joint problem that could be aggravated by physical activity? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

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3. Do you feel pain in your chest when you exercise physically?    Yes                  No

**BROOKS YOUTH POLICE ACADEMY 2026**  
***Medical Information***

**Please Print**

Name \_\_\_\_\_

Date \_\_\_\_\_

Student PEN \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Present Address \_\_\_\_\_

City/Town \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Ht: \_\_\_\_ Wt. \_\_\_\_  
Day Month Year

Health Care Card No. \_\_\_\_/\_\_\_\_/\_\_\_\_ Province \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Family Doctor \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address – Same as Above \_\_\_\_\_ or \_\_\_\_\_

Mother's Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Father's Name \_\_\_\_\_

Address – Same as Above \_\_\_\_\_ or \_\_\_\_\_

Father's Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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.)

\_\_\_\_\_  
\_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

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

**PARTICIPATION PERMISSION  
AND  
GUARDIANSHIP APPOINTMENT FORM**

Full name of student: \_\_\_\_\_ is hereby

given permission to participate in the Brooks Youth Police Academy, from the 2<sup>nd</sup> of February to the 6<sup>th</sup> of February 2026.

In any physical activity, the risk of serious physical injury is possible. The student assumes the risk of the 5-Day Brooks Youth Police Academy and releases the RCMP and all associated partners from any liability claims.

I, \_\_\_\_\_ (please print student's name), am participating in the 5-Day Brooks Youth Police Academy. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions, which I am aware of, would prevent me from taking part in the academy, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

**5-day Brooks Youth Police Academy**

Should the need for emergency medical treatment arise during this trip, any or all of the Guardians are empowered to engage medical personnel and to authorize treatment. Should the student breach the rules, not meet standards of the academy, or becomes too ill, to the point that participation is not possible, the student will be sent home.

Signed at \_\_\_\_\_ Brooks \_\_\_\_\_, Alberta this  
\_\_\_\_\_ day of \_\_\_\_\_, 2026.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**T-shirt Size**

Please circle the size of your T-shirt. It is better to get a larger size than have it too small. There will be no extra suits for trading if it does not fit.

Small                  Medium                  Large      X Large

**Pants Size**

Please circle the size of your T-shirt. It is better to get a larger size than have it too small. There will be no extra suits for trading if it does not fit.

Small                  Medium                  Large      X Large

**If there are any questions regarding the application, or any other information you may need, please contact:**

**Cpl. Sharon McCready**

-> By phone: 403-363-8610

-> By email: Sharon.mccready@rcmp-grc.gc.ca

**OR**

**Kelly Sanford**

-> By phone: 403-363-4084

-> By email: safecommunitiesbrooks@gmail.com

***Location of the academy will be shared with the admission decision.***



## Release Agreement for Films, Photos and Videos National Communication Services

Personal Information			
Name		Telephone Number (including the area code)	Regimental No. (if applicable)
Street Number	Apt./Suite Number	Street Name	
City		Province	Postal Code (A9A 9A9)
E-mail Address			

Consent and Release
<p>I agree to the use of my image for and on behalf of Her Majesty the Queen in right of Canada in the production of RCMP photographs, motion pictures, videos, social media, or other productions ("RCMP materials").</p> <p>I give Her Majesty, her employees, agents, and representatives, the right to use, modify, reproduce and distribute in any media format, any such likeness of mine for any purpose whatsoever, whether alone or in combination with other material.</p> <p>I also give Her Majesty, her employees, agents and representatives, permission to give others these same rights, all without payment or any compensation to me.</p> <p>I understand that the use or publication of my image and/or voice could impact my ability, in the future, to work in certain areas such as covert operations.</p> <p>I release and discharge the RCMP, its employees, agents and representatives from any claims, obligations or liability of any kind related in any way to this consent or the publication or distribution of the RCMP materials.</p> <p>In witness whereof, I have executed this consent and release.</p>

Name	Signature	Date (yyyy-mm-dd)
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Parent/Guardian		
Parent/Guardian must sign if person is under 18 years of age.		
Name	Signature	Date (yyyy-mm-dd)

Witness		
Name	Signature	Date (yyyy-mm-dd)