2021 YOUTH CADET LAW ENFORCEMENT ACADEMY

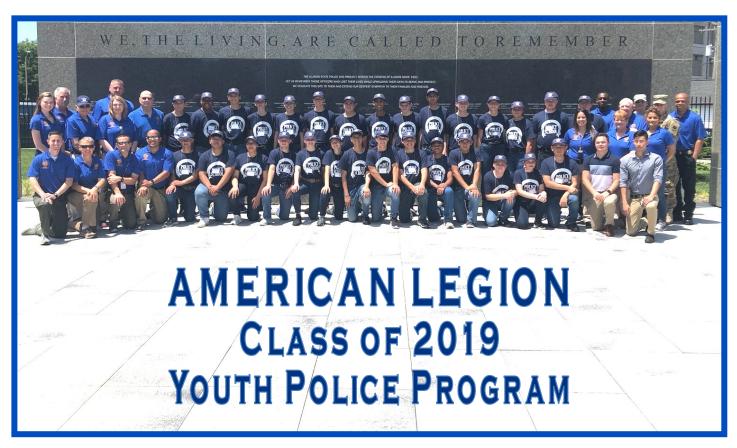






THE AMERICAN LEGION - DEPARTMENT OF ILLINOIS

This program is a function of, and is coordinated by, the Department Safety, Law and Order Committee, in conjunction with the Illinois State Police AND Illinois National Guard.



THE AMERICAN LEGION DEPARTMENT COMMANDER ROY WEBER

ILLINOIS STATE POLICE

Director	Brendan F. Kelly
Academy Commander	Josh Ward
Program Coordinator	December Melville

HISTORY OF YOUTH POLICE PROGRAM

The Youth Police Program was developed by the Department Safety, Law & Order Committee, in conjunction with the Illinois State Police in a meeting at the State Police Academy in October of 1971.

The first program was conducted at the State Police Academy in Springfield, from July 23 through July 29, 1972. This group consisted of 49 teen-age boys representing all divisions of the Department of Illinois. The program proved to be most successful, and all agreed that it should be continued. Effective 2001 - The Department of Military Affairs became a co-sponsor of the program.

The primary purpose of the Youth Police Program is to establish an inter-personal relationship between the youth of our State and Law Enforcement Officers, in order to create a better understanding of the problems and attitudes of both groups, and to develop a rapport between youth and the police.

It is our intention that the youth attending this program need not necessarily be interested in a career in Law Enforcement. In fact, we feel that those youths who do not seem to have vocational or scholastic direction may benefit the most from this program. It is really our desire to recruit the average youth representing all communities and cultural backgrounds in the State of Illinois in an effort to rekindle in our youth the fading respect for persons empowered with the responsibility of enforcing the law at all levels of government.

This goal can be better accomplished by exposing these youths to Law Enforcement with an opportunity to objectively witness the rigid training and standards set forth in law enforcement today. The program gives the participant the opportunity to seek answers to questions that will help them better understand why police officers take certain actions that may directly or indirectly affect them. During this program these youths are each given an opportunity and encouraged to express their feelings and views, both in classroom situations and in the daily informational sessions with their police counselors.

Finally, it is our desire that each youthful participant shall return to their community with a clearer understanding of the police and their problems. We are confident that this program will instill in these youth a new found respect for the police, and that when they return to their communities and friends,

they will "tell it like it is."

The 2016-17 American Legion Auxiliary Department President made the Youth Police Program her personal project. The money collected was used to establish a "To Serve and Protect" award. The recipient of this reward is determined by a committee consisting of American Legion, Legion Auxiliary and Illinois State Police personnel participating in the program and is announced during graduation. The \$500 award is presented to the cadet upon verification of High School Graduation.



2021 PROGRAM

There is one group making up the 2021 program. This group includes both males and females. The number of attendees is limited 60.

- * Group No. 118
- June 20 through June 25, 2021
- Males and Females ages 15 through 17
- * Arrive by 10:00 A.M., Sunday, June 20, 2021
- Parent Orientation 10:00 A.M.
- * Graduation Friday, June 25, 2021 10:00 AM

Questions? Contact *December Melville of the Illinois State Police at 309-336-7853* or Safety, Law & Order Committee Chairman Delmar Buske 217-556-9555

Graduation ceremonies shall be conducted at the *Illinois Military Academy* located at 1301 N. Macarthur Blvd. Springfield, IL.

Program participants shall be awarded a Certificate of Attendance. Legion members, family and friends of participants are invited, and encouraged, to attend the ceremony.

EDUCATIONAL SESSIONS

SELECTION PROCESS

- 1. The allocation of participants will be selected on a first come, first serve basis. It is imperative that applications be submitted to your Division Chairman to be considered for participation in the program. Applications received directly by Department Headquarters will be returned to the Division Chairman for proper recording of applications within their Division.
- 2. Applications must be received by the Division Chairman (listed on the back page of this brochure) no later than May 31, 2021.
- 3. Vacancies occurring after May 31, 2021 will be filled at the discretion of the Safety, Law & Order Committee.



EDUCATIONAL SESSIONS

APPLICANT REQUIREMENTS

- 1. Applicant sponsor must be approved by Local American Legion Post within the Dept. of IL.
- 2. Males and females must be age 15 through 17. Participants must have reached their 15th birthday, but not have reached their 18th birthday by June 20, 2021.
- 3. Must be in **good physical condition**, capable of enduring strenuous physical training.
- 4. Parent or guardian <u>must</u> sign a release of liability for the State Police.
- 5. In the event of disciplinary action that requires removal of a youth from the program, the parents will be notified and responsible to arrange for their return transportation.

SPONSORING POST

The post sponsoring an applicant shall assume the following responsibilities:

- 1. Recruit and interview applicant to determine whether they meet the qualifications set forth by this Committee. (Previous participants in this program are not eligible.)
- 2. Verify all information on the application.
- 3. The Post must assume financial sponsorship of the applicant. A check in the amount of \$250.00 must accompany the application. This sponsorship fee shall cover clothing, food, lodging, insurance, awards and administration of the program. The check should be made payable to "The American Legion Youth Police Program."
- 4. Request for refunds should be made through your Division Chairman after June 29, 2021.

PARENTAL RESPONSIBILITY

- 1. Parents or legal guardian are responsible to determine their child's physical fitness to attend the program. Applications must be signed by parent or legal guardian.
- 2. The parent or legal guardian must provide the youth with transportation to and from Springfield. If the youth is to arrive via public transportation, it shall be the responsibility of the parent or legal guardian to notify the Department Safety, Law and Order Committee chairman of the mode of transportation and the time of arrival at least one (1) week prior to the group starting date so that pickup arrangements can be made. Parents or legal guardians, if accompanying an applicant, must arrive on the designated day by 10:00 A.M..



PHYSICAL TRAINING







- **★ TEACHING**
- **★ LEARNING**
- **★ EXPERIENCING**
- **★ RESPECTING**
- **★ EMPOWERING**
- **★ TRUSTING**
- **★ ENJOYING**













The Youth Police
Program, Illinois
State Police and
National Guard
teaches trust,
confidence, strength
and how to work
together as
a TEAM!



THE AMERICAN LEGION ILLINOIS STATE POLICE ILLINOIS NATIONAL GUARD

YOUTH CADET LAW ENFORCEMENT ACADEMY

ISP Training Academy, Springfield, IL-June 20 through June 25, 2021

PLEASE PRINT OR TYPE

(last)	(fir	st)	(middle)
ADDRESS			
CITY	ZIP	HOME PHO	ONE
EMAIL		CELL PH	ONE
AGE SEX M	F DA	TE OF BIRTH	(mm/dd/yyyy)
HEIGHT WEIGHT	COLOR OF HAIR		COLOR OF EYES
	(L) (XL)		
LIST ALL DAILY MEDICATION REQUIR	ED		
LAST YEAR COMPLETED IN SCHOOL		GRADE A	VERAGE
HOMETOWN NEWSPAPER ——		— CITY	
LOCAL RADIO STATION		CITY	
HOBBIES			
FAVORIT <u>E SPORT</u>	FAVORITE	SCHOOL SUBJ	ECT
Do you have, or have you had a job? Yes	s No		
If Yes, what type of work?			
What type of career do you plan?			
Why?			
SPONSORING POST NAME	NO. D	ISTRICT	DIVISION
ADDRESS	CITY	ZIP	PHONE
POST COMMANDER'S NAME			PHONE
ADDRESS	CITY		ZIP
* SIZES NOT CHANGEABLE			

CUT	
ALON	
IG D	
OTTED	
D LINE	

As a parent or guardian, I will I will not attend orientation. Signature of Parent/Guardian Signature of Applicant	As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever and wherever located, pursuant to the program and hereby release from any such liability, the sponsor or any co-sponsor, that may arise due to his/her participation in The American Legion "YOUTH POLICE PROGRAM."					
MANDATORY Indicate all prior or present injuries to the participant which may hinder or restrict his/her participation in the physical training program or any drill training. Attach a copy of your insurance card to this application. MANDATORY EXPLANATIONS: PARENTAL CONSENT: As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the application and make sure the student does not bring no more than \$20. I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED. Parent/Guardian Name (print or type) Area Code Phone No.	As a parent or guardian, I will I wi	ll not at	tend orientation.			
PARENTAL CONSENT: As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the application and make sure the student does not bring no more than \$20. I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED. Parent/Guardian Name (print or type) Area Code Phone No.	Signature of Parent/Guardian	9	Signature of Applicant			
PARENTAL CONSENT: As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the application and make sure the student does not bring no more than \$20. I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED. (which may hinder or restrict his/her program or any drill training. Attack	participation	in the physical	training		
As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the application and make sure the student does not bring no more than \$20. I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED. Parent/Guardian Name (print or type) Area Code Phone No.	EXPLANATIONS:					
As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the application and make sure the student does not bring no more than \$20. I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED. Parent/Guardian Name (print or type) Area Code Phone No.						
As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the application and make sure the student does not bring no more than \$20. I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED. Parent/Guardian Name (print or type) Area Code Phone No.						
As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the application and make sure the student does not bring no more than \$20. I RECOMMEND FULL PHYSICAL ACTIVITY, UNLESS OTHERWISE SPECIFIED. Parent/Guardian Name (print or type) Area Code Phone No.						
Parent/Guardian Name (print or type) () Area Code Phone No.	As a parent or court appointed guardian of the person named above, I give permission for him/her to participate in The American Legion Youth Police Program, and in the event of injury or sickness, authorize such medical treatment or diagnostic procedures as may be deemed advisable, to be performed by such health care provider as shall be designated by an authorized staff member of The American Legion "YOUTH POLICE PROGRAM." Please include any special medication required by the participant on the front of the					
	I RECOMMEND FULL PHYSICAL ACT	IVITY, UNLESS OT	THERWISE SPECIFI	ED.		
		()				
Address City State Zip Code	Parent/Guardian Name (print or type)	Area Code	Phone No.			
	Address	City	State	Zip Code		

Signature of Parent/Guardian

Date

PERSONAL ARTICLES



The American Legion Youth Police Program will furnish each participant with:

- 1. T-shirts, 3 each
- 2. Cap (with Legion emblem), 1 each
- 3. Notebook and paper
- 4. Three meals daily

- 5. Bedding, Pillow, Towels and washcloths
- 6. Co-insurance coverage for program participants during the designated week



Parents and Applicants Please Read To be furnished by each participant:

- 1. 4 pairs BLUE JEANS, with NO HOLES or PATCHES, NOT BAGGY (1 good pair for graduation)
- 2. **Belt** (*must be worn at all times with jeans*)
- Worn Daily; Gym clothing is needed for one week (1-2 changes is recommended)
 NO SPANDEX or TANK TOPS. Must wear white athletic socks.
- 4. Gym shoes with eyelets (must have shoe strings

- and shoes are to be laced up from bottom to top no Velcro wrap around)
- 5. Adequate supply of underwear and socks for one week (*Females must wear bras*)
- 6. Toilet articles (deodorant, tooth brush, tooth paste, shaving equipment, hair dryer, soap, etc.)
- 7. Laundry services unavailable



Parents and Applicants Please Read Items **NOT** to be brought to school:

- 1. No electronic games, cell phones, ipods, or mp3 players
- 2. Food, gum, cigarettes, playing cards, dice or any gambling paraphernalia
- 3. No jewelry except wrist watches
- 4. No knives

- 5. No clothing with gang representation, alcohol or tobacco emblems, vulgar sayings, ripped or in bad repair
- 6. No more than \$20 per student
- 7. No personal vehicles or keys (16 –17 year olds)

PROGRAM ACTIVITIES

Program activities have been developed to explain the laws, philosophy and standards of the criminal justice system. The following is a general outline of some of the program activities.

- 1. PHYSICAL TRAINING.
- 2. Athletic activities include volleyball and baseball.
- 3. Educational sessions conducted by Academy staff and guest lecturers representing various areas of law enforcement.
- 4. <u>Para-military</u> conduct expected.

NOTE:

- **⊃** For additional activities PLEASE send or bring no more than \$20.00. Money shall be collected by Staff for safe keeping.
- **⊃** Each participant shall be required to shower at least once daily. Showers are open, not individual.
- **⊃** Hair must be neat and clean; long hair must be pulled back or worn up.
- **⊃** No facial hair.



FUN



IS HAD BY



EVERYONE



Scan here to visit The American Legion Dept. of IL website.





SAFETY, LAW & ORDER COMMITTEE

Gary Whyte (1st Div.,3rd Dist) 4531 S. Woodlawn Ave, Chicago 60653 EMAIL: gdwhyte@sbcglobal.net	773-860-7013
Charles Coffey (2nd Div., 11th Dist.) 40W015 Seavey Rd., Batavia 60510 EMAIL: cfcoff@yahoo.com	630-508-8142
Ronald A. Payne, Vice Chairman (3rd Div., 20th I 919 995 N. Ave, Mt. Sterling 62353	
Delmar R. Buske, Chairman (4th Div., 21st Dist.) 904 N. Van Buren St., Litchfield 62056	217-556-9555
Wayne V. Madson (5th Div.,23rd Dist.) 1197 Mary Irene Rd., New Baden 62265 EMAIL: madsonwsr@gmail.com	618-806-1408

NOTE:

All applications must be sent to the Division Chairman no later than May 31, 2021. Name and address of your Safety, Law and Order Committee Division Chairman listed above.

