



2020
WEST VIRGINIA SHERIFFS'
YOUTH LEADERSHIP ACADEMY

Application Packet
For Cadets, Senior & Junior Counselors

West Liberty
University Wheeling
Ohio County WV
July 12 - July 17, 2020

The West Virginia Sheriffs'
Youth Leadership Academy
is sponsored by:

West Virginia Sheriffs' Association
2003 Quarrier Street
Charleston, WV 25311
Phone: (304) 345-2232
Fax: (304) 345-2231
Web-site: www.wvsheriff.org



Application Submission

Students who will graduate from the 8th grade this year and enter the 9th grade in the fall of 2020 are eligible to apply for a cadet position at the WV Sheriffs' Youth Leadership Academy. Junior and Senior Counselors are Cadets who formerly attended the YLA that desire to return and staff the Academy Camp may apply but not be guaranteed acceptance.

The attached application must be completed and postmarked to the Ohio County Sheriff Department by:

Friday, April 17th, 2020. This applies to ALL applicants.

Senior Counselors are expected to arrive at camp by **9:00am, Sunday, July 12th** to help Staff with camp preparation and registration. If you cannot make it by 10:00am please indicate so on this application so we can know when to expect you!

Junior Counselors are expected to arrive at camp by **11:00am, Sunday, July 12th** to register and help Seniors and Staff with preparation and registration of new cadets. If you cannot make it by 1:00pm please indicate so on this application so we can know when to expect you!

Cadets are expected to begin their arrival at camp at **1:00 p.m., Sunday, July 12th** to register, obtain materials, schedules, and receive District assignments, ID and housing assignments

Applications are reviewed, and cadets are selected by the WV Sheriffs' Youth Leadership Academy staff. No more than 180 students will be selected to attend the Academy. Students not chosen to attend the Academy may be selected as alternates. The selection of Academy participants is made on an equal opportunity basis without regard to race, creed, religion, color, gender or national origin. Applicants will be notified regarding their Academy selection by June 1, 2020

To apply for the 2020 WV Sheriffs' Youth Leadership Academy, please complete the information below and mail by **Friday, April 17th, 2020** to:

Ohio County Sheriff Department
Attn: Sheriff Howard
51 16th Ave
Wheeling, WV 26003

If you have any questions about the WV Sheriffs' Youth Leadership Academy, please call Rodney at the WV Sheriffs' Association, (304) 345-2232 or email: rmiller@wvsheriff.org .

INCOMPLETE APPLICATIONS WILL BE IMMEDIATELY REJECTED!

**2020 WEST VIRGINIA SHERIFFS' YOUTH LEADERSHIP
ACADEMY APPLICATION**

Cadet

Junior Counselor

Senior Counselor

Applying as:

Last Name: _____ First: _____ Middle: _____

Name You Prefer to be Called: _____ Sex: ____ Age: ____ Birthdate: _____

Complete Mailing Address: _____

Camper Email address: _____ County: _____

Home Phone: _____ Camper Cell Phone: _____

Parent Email address: _____ Parent Cell Phone: _____

School: _____ Current Grade Point Average: _____

What grade are you in? _____ What grade will you go into this Fall 2020? _____

Have you attended an overnight camp in the past? No Yes (When?) _____

Special Interests or Skills: _____

Senior & Junior Applicants: Previous WVSA YLA Camps attended: _____

Adult T-Shirt Size: (Circle one) Small Medium Large X-Large XX-Large XXX-L

Parent/Guardian: _____ Phone: (H) _____ (W) _____

Parent/Guardian: _____ Phone: (H) _____ (W) _____

I hereby give my consent for my son/daughter to make application to be considered as a participant in the 2020 WV Sheriffs' Association Youth Leadership Academy. I have read and understand the Camp Rules which an attachment with the original application and agree to its enforcement.

Parent/Guardian Signature: _____ Date: _____

I hereby proclaim that everything on this application is true and correct to the best of my knowledge and I would like to be considered as a participant in the 2020 WV Sheriffs' Association Youth Leadership Academy. I have read and understand the Camp Rules which an attachment with the original application and agree to its enforcement.

Applicant's Signature: _____ Date: _____

West Virginia Sheriffs' Association – Emergency Contact and Release Form 2020

To attend, all campers must be completely registered prior to the first day of camp.

Camper First Name: _____	Last Name: _____		
Birthdate: ___/___/_____	Age during Camp: _____	Grade fall 2020: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Custodial Parent(s) / Guardian(s) Full Name(s): _____			
Home Address: _____	City: _____	State: _____	Zip: _____
Home Phone: (____) _____ - _____	Cell - Mom: (____) _____ - _____	Cell - Dad: (____) _____ - _____	
Mom's Email: _____	Dad's Email: _____		

Transportation: I would like my child to return home from camp with the following people (name of person(s)):

Parents must give written permission to WVSA if they desire anyone other than themselves to transport campers home from camp. You must have picture ID available at time of check out.

Emergency Contact Information

In case the parent(s)/guardian(s) cannot be reached in an emergency, please notify the following individual:

Name: _____ **Relationship:** _____
Cell Phone: (____) _____ - _____ **Home Phone:** (____) _____ - _____

Needs Assessment: *It is the WVSA's desire to help meet each child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Attach additional paperwork if needed.*

Health History

Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

Allergies: List all known allergies. Describe reaction and management of the reaction:

Medical allergies: _____
Food Allergies or special diet needs: _____
Other allergies: (includes insect stings, hay fever, asthma, animal dander, etc.): _____

Please answer Yes or No to the following:

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Recent Injury, illness or infectious disease | <input type="checkbox"/> Yes <input type="checkbox"/> No ADHD / ADD |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Chronic or recurring illness | <input type="checkbox"/> Yes <input type="checkbox"/> No Heart disease |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ever been hospitalized | <input type="checkbox"/> Yes <input type="checkbox"/> No If female, abnormal menstrual history |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ever had surgery | <input type="checkbox"/> Yes <input type="checkbox"/> No Eating disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No Depression |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Head injury | <input type="checkbox"/> Yes <input type="checkbox"/> No Sleep problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Frequent ear infections | <input type="checkbox"/> Yes <input type="checkbox"/> No Psychiatric treatment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ever passed out during/after exercise | <input type="checkbox"/> Yes <input type="checkbox"/> No Bed wetting (recently) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Had seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No Respiratory problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No Other |

Please explain any "yes" answers: _____

Are there any other medical conditions or restrictions we should be aware of? _____

Health Insurance:

Do you carry family health insurance? Yes No Carrier: _____ Group ID # _____
Family Doctor of Health Care Facility: _____ Phone: (____) _____ - _____
Family Dentist/Orthodontist: _____ Phone: (____) _____ - _____

Please attach a photocopy of your health insurance card

Immunizations: (Dates) *(You may attach copy of immunization chart instead of completing this chart, if available)*

DPT: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
 Tetanus Booster: #1 _____ #2 _____
 Polio OPV / IPV: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
 Measles MMR: #1 _____ #2 _____
 TB Test (if foreign born or exposure to tuberculosis): _____
 Hepatitis B: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
 Chicken Pox: #1 _____ #2 _____
 Hepatitis A: #1 _____ #2 _____
 Meningitis #1 _____ #2 _____

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp.

Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Medication #1: _____ Dosage: _____
 Specific times to be taken each day: _____ Reason for taking: _____
 Medication #2: _____ Dosage: _____
 Specific times to be taken each day: _____ Reason for taking: _____

Asthmatics: (please initial one if applicable)

I give my child permission to carry an inhaler to self-administer for asthma related incidents. _____ (parent initial)
 I prefer the camp health care personnel to keep my camper's inhaler and to help my camper determine when it is needed. _____ (parent initial)

Psychological/Emotional Disorders: Please describe any diagnosis, treatment or other concerns regarding psychological or emotional issues: (Attach sheets if necessary)

Media/Photography:

By submission and signature upon this application, I hereby give permission for the WV Sheriffs' Association, it's members and instructors to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise the WV Sheriffs' Association and the Youth Leadership Academy.

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE: This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: athletics, swimming, archery and firearms. I understand that WV Sheriffs' Association has taken extensive safety measures, including the certification of select staff in First Aid, CPR and Water Safety as well as making every effort to aid the safety of all camp participants. I also recognize that WV Sheriffs' Association cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release WV Sheriffs' Association from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of WV Sheriffs' Association.

I give permission to the camp staff to (1) administer the camper's routine medications, as needed medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for WV Sheriffs' Association's office.

Signature of Parent / Guardian: _____ Date: _____

West Virginia Sheriffs' Youth Leadership Academy

General Rules

1. At no times are weapons of any type permitted at the camp by Cadets or Counselors.
2. At no times are drugs, alcohol or any other illegal substance permitted at the camp by Cadets or Counselors.
3. Cadets & counselors are expected to wear their name tags during waking hours unless otherwise instructed by staff.
4. Cadets & counselors are expected to participate in all activities unless otherwise instructed by staff.
5. Cadets & counselors must wear shoes, shorts/pants & shirt during all waking hours, except for designated swimming times during which an appropriate one-piece swim suit must be worn. Ball caps or other head gear are not to be worn in the dining hall or in classrooms. Cadets & counselors are expected to maintain their personal hygiene throughout the camp.
6. Cadets & counselors are placed under the direction of the Academy staff and are expected to follow their instructions.
7. Loud & boisterous conduct and vulgar language are not permitted. Holding hands and other affections toward or with other cadets or counselors are not permitted. Cadets & counselors are not allowed in any cabin of the opposite gender.
8. Personal items such as cell phones, computers, iPads, etc. are the responsibility of the camper, camp is not responsible for items and their security,
9. Outgoing telephone calls by Cadets & counselors are to be made during free time only on cell phones & telephone time will be limited. Cell phones must be left in cabins but may be used during free times.
10. Light work details may be assigned to cadets & counselors to keep living areas and the Camp in a neat and orderly appearance.
11. Cadets & counselors are expected to enter & exit all activities, classrooms and the dining hall in a mannerly and orderly fashion. Cadets & counselors are responsible for the proper cleaning of their food trays in the dining hall. No food or drinks are allowed during class time, unless water is permitted by instructor.
12. Cadets & counselors are required to be out of bed each morning at the designated reveille time and must observe lights out at the designated curfew.
13. If you are taking medication, it is your sole responsibility to administer it, but medication must be stored with Camp Medical Staff at all times, unless prior permission is given. If a cadet or counselor is found to have drugs in his/her possession which have not been reported to academy staff, or is found to possess tobacco products, alcohol or weapons, the cadet or counselor's parent will be notified, and the cadet/counselor will be sent home. Depending on violation, criminal proceedings may be initiated.
14. Cadets & counselors may not leave the Academy grounds without permission from the Academy Commandant/Assistant Commandant. Cadets and counselors must remain at the Academy throughout the week to be eligible for graduation.
15. If you wish to leave camp early, your parent/guardian must sign you out with the Camp Director prior to leaving the grounds. You will not graduate from the Academy.
16. Certain rules and/or regulations may be changed, modified or added as needed for the best interests of the participants, in which Cadets and Counselors will be clearly informed of any such modifications, prior to implementation.
17. Violation of camp rules, policies or regulations may lead to immediate dismissal from camp and parents/guardians will have the immediate responsibility of picking the cadet or counselor from camp.

DO NOT RETURN THIS OR FOLLOWING PAGES WITH APPLICATION. PLEASE KEEP FOR FUTURE REFERENCE.

About the Academy

The West Virginia Sheriffs' Youth Leadership Academy is an annual, 6-day residential summer program for teenage citizens from throughout the state. The Academy seeks to deter risk-taking behavior patterns by introducing the participants to recreation alternatives and educating them on the negative consequences of drugs, alcohol, and violence. The Academy provides our youth with the leadership skills necessary for them to go back to their home communities and help others deal with these challenges. The Academy also encourages participation in citizenship activities and teaches responsibility. The Academy does require a certain amount of physical activity during the week. However...

The Academy is for mainstream youth and is NOT a juvenile “boot camp”.

Academy Schedule

A typical Academy schedule includes the following educational topics:

Mock Crime Scenes	Mock Criminal Trial	Investigation Techniques
Internet Crimes	Drug & Alcohol Awareness	Cultural Sensitivity
Domestic Violence	Violence Prevention	Firearms Safety
Canine Demonstrations	Bomb Squad Demo	Search & Seizure

A typical Academy schedule includes the following recreation activities:

Swimming	Skits	Volleyball
Running	Dancing	Karaoke
Basketball	Team Games	Camp Fires
Mock Elections	Peer Group Discussions	

The Academy offers a challenging, educational, and fun summer camp experience!!

Academy Staff

The Academy staff consists of Sheriffs, Deputies, community volunteers, the WVSA Executive Director, and registered nurses. The staff includes both women and men. Emergency medical personnel are also at the Academy throughout the week. Each first-time participant, or cadet, becomes part of a “district” under the guidance and leadership of junior and senior counselors who have previously attended the Academy. Boys and girls stay in separate cottages with other cadets, counselors & staff.

Dates & Location

The 2020 WV Sheriffs' Youth Leadership Academy will be **Sunday, July 12 through Friday, July 17, 2020**. Participants arrive after lunch on Sunday, July 12th, and depart for home in the afternoon of Friday, July 17th. A graduation ceremony ends the Academy week on Friday.

The 2020 WV Sheriffs' Youth Leadership Academy will take place at West Liberty University in Wheeling (Ohio County) WV. Cadets will reside in dormitories during their 6-day stay. We encourage cadets to bring a fan as well.

Eligibility & Fees

All applicants must be enrolled in either a West Virginia public or private school. First time applicants, or cadets, must be completing the 8th grade and expected to be entering the 9th grade in the Fall of 2020. The Academy is open to both male and female students who qualify in accordance with the WV State Board of Education Extracurricular Activities Participation Rule. Cadets must have attained at least a 2.0 on their most recent grade card.

The Academy fee is **\$75** per applicant. Fees are to be paid upon notice of acceptance to the Academy and are nonrefundable. You do **not** submit the fee with this application.

Detailed Information

Upon acceptance into the Academy, the applicant will receive detailed information about the Academy, what to bring and what not to bring to the Academy and directions to West Liberty University.

Completed Applications Should Include:

- 1) Enclosed application form completed in full
- 2) Original Signatures
- 3) Photocopy of applicant's most current report/grade card
- 4) Letter of recommendation from current school counselor/teacher
- 5) Yearbook or Passport Size Photograph

For Cadets – Essay portion: You are a deputy on patrol one night in your county, WV when you come across

For JC and SC – List of school activities/positions/awards and short answer – What skills/qualities/abilities do I bring as a JC or SC to better camp

Mail your application by Friday, April 17, 2020 to:

Ohio County Sheriff Department
Attn: Sheriff Howard
51 16th Ave
Wheeling, WV 26003

Incomplete applications will not be considered and false information rejects applications.