

# RCMP Depot Youth Camp Application Package

## ~ Table of Contents ~

*Page*

|    |                                                            |
|----|------------------------------------------------------------|
| 2  | General Information                                        |
| 5  | Application Checklist                                      |
| 6  | Form 330-23 Personnel Screening, Consent and Authorization |
| 8  | School & Personal Information                              |
| 13 | Medical Questionnaire                                      |
| 16 | Parent Permission                                          |
| 17 | Release & Indemnity Agreement                              |
| 18 | Model Release Form                                         |
| 19 | Candidate Rules & Regulations                              |
| 20 | Depot Youth Camp POSTER                                    |

*Please read each page over carefully with your parent or guardian and sign each form as indicated. Return the ORIGINAL, SIGNED forms by mail to the address provided.*

**Applications must be Originals (no copies, scans).**

**Applications must be letter size, single sided.**

**(Do not print legal size or double sided)**

**Must be completed in Pen (not pencil).**

**Do not fold.**



## **Depot Youth Camp General Information**

The Depot Youth Camps will be held at the RCMP Training Academy in Regina, Saskatchewan. Thirty-two students from across the country will attend each camp. The camps will run Monday to Friday, with the first camp being held from July 20 to July 24, 2020 and the second camp from July 27 to July 31, 2020. The camps are open to any students between the ages of sixteen to nineteen.

The camps offer students a chance to find out what it's like to be a police officer in training. All students will be selected based on their academic achievement, citizenship and interest in police work. There will be a wide variety of activities planned for the students to observe and participate in during their week at Depot. These activities may include: drill, driver simulator training, firearms simulator, fitness, police defensive tactics, police officer scenarios, tours of Depot and the museum, and much more!

In this application package, there is information regarding the program. There are also several forms that must be completed to apply. Please read each page over carefully with your parent or guardian and sign each form as indicated. Return the signed forms by mail to address provided.

**The deadline for application forms is March 2, 2020. Once all the forms are completed and submitted, students will be contacted by a member of the RCMP and may also be interviewed. Once selection of the students is made everyone who applied will be notified if they were successful or not.**

### **Travel and Transportation:**

Transportation to and from the participants province and the Regina training academy will be at the discretion of the Divisional Recruiting Office. Special circumstances will be dealt with individually if the student cannot secure transportation.

Once at the RCMP training academy, all locations can be accessed by a short walk. Dependent on weather conditions, there may be some transportation via RCMP vans.

### **Accommodations:**

All students will be staying at the RCMP Training Academy's Centralized Training Building. Each student will have their own room with a private bathroom. All bedding, pillows and towels will be provided.



### **Meals:**

Meals will be provided at no cost to the students at the Division Mess. There is an assortment of hot meals, sandwiches, cereals, salads, fruits and desserts for each meal. Special meals can be prepared for anyone with special dietary restrictions. (Please indicate on medical form)

### **The Course:**

The syllabus has not been finalized at this point. Class times are dependent upon the schedule of the Cadet Training Program at Depot. However, topics and activities will include defensive tactics, use of driving simulators and firearms simulators, fitness, drill and classroom presentations by different units within the RCMP.

### **Clothing:**

You will be issued some uniform items for use at while at the RCMP Training Academy. A cap, pants, gym shorts, duty belt and accoutrements will be issued on the first morning. You will wear a uniform and function as a troop during this course. You will need regular clothing in the evening. However you will be required to wear dress pants and a collared dress shirt when eating in the mess if you aren't in uniform.

The Division Mess (Cafeteria) has a Dress Code that you will need to abide by:

Working uniform (uniform you will be issued) or civilian attire which is:

- For a male, a collared shirt or golf shirt and dress pants
- For a female, a collared shirt, blouse or sweater and dress pants

**NOTE: Jeans, cargo pants, track pants, yoga pants, sweatshirts, shorts and sandals are not considered to be appropriate clothing in the Division Mess. This clothing can be worn in the evenings after class and not in the mess.**

Please make sure you bring the following items with you:

- Fitness Clothes (gym pants/shorts, t-shirts, socks) you will be attending fitness classes and defensive tactics classes
- Indoor running shoes
- Outdoor running shoes
- Clothing for the evenings
- You will also be required to bring personal hygiene products, ex: shampoo, soap, toothbrush, toothpaste as they are not provided by the RCMP Training Academy.
- For females with long hair, you will need elastics, bobby pins, hairspray etc. as you are required to wear your hair in a bun during class.



This is a opportunity of a lifetime to learn about the RCMP and the RCMP Training Academy. Good Luck!

If you have any additional questions or concerns, please call or email the recruiting office in the province which you reside.

**The deadline for application forms is March 2, 2020.**

All completed forms can be mailed to the recruiting office for the province where you live:

|                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>Northwest Territories:</u></b></p> <p>Cpl. E. M. (Lisa) LEITH<br/>'G' Division ProActive Recruiting<br/>Royal Canadian Mounted Police<br/>5010 Veterans Memorial Drive -<br/>49th Ave.<br/>Yellowknife, NT<br/>X1A 2R3</p> <p><a href="mailto:recruitingnt@rcmp-grc.gc.ca">recruitingnt@rcmp-grc.gc.ca</a></p> <p>867-765-3717</p> | <p><b><u>Nunavut:</u></b></p> <p>'V' Division ProActive Recruiting<br/>Royal Canadian Mounted Police<br/>960 Federal Rd<br/>Iqaluit, Nunavut X0A 0H0</p> <p><a href="mailto:vdiv_recruiting@rcmp-grc.gc.ca">vdiv_recruiting@rcmp-grc.gc.ca</a></p> <p>867-975-4404</p>                                              | <p><b><u>Nova Scotia:</u></b></p> <p>RCMP "H" Division HQ<br/>80 Garland Avenue<br/>Mail-Stop H-053<br/>B3B 0A7<br/>Attn: Aboriginal Policing Services</p> <p><a href="mailto:ana.woodfine@rcmp-grc.gc.ca">ana.woodfine@rcmp-grc.gc.ca</a><br/><a href="mailto:de-anne.sack@rcmp-grc.gc.ca">de-anne.sack@rcmp-grc.gc.ca</a></p> <p>902-720-5663 &amp; 902-720-5663</p> |
| <p><b><u>Alberta:</u></b></p> <p>'K' Division ProActive Recruiting<br/>Royal Canadian Mounted Police<br/>11140 109 St<br/>Edmonton, Alberta T5G 2T4</p> <p><a href="mailto:RCMP.KRecruiting-KRecrutement.GRC@rcmp-grc.gc.ca">RCMP.KRecruiting-KRecrutement.GRC@rcmp-grc.gc.ca</a></p> <p>780-412-5410</p>                                   | <p><b><u>Saskatchewan:</u></b></p> <p>'F' Division ProActive Recruiting<br/>Royal Canadian Mounted Police<br/>Bag Service 2500<br/>6101 Dewdney Avenue<br/>Regina, SK S4P 3K7</p> <p><a href="mailto:FDIV-ProActive-Recruiting@rcmp-grc.gc.ca">FDIV-ProActive-Recruiting@rcmp-grc.gc.ca</a></p> <p>639-625-3450</p> | <p><b><u>Manitoba:</u></b></p> <p>'D' Division ProActive Recruiting<br/>Royal Canadian Mounted Police<br/>746 Dominion Street<br/>Winnipeg, MB R3G 2P5</p> <p><a href="mailto:RCMP.DRecruiting-DRecrutement.GRC@rcmp-grc.gc.ca">RCMP.DRecruiting-DRecrutement.GRC@rcmp-grc.gc.ca</a></p> <p>204-983-6471</p>                                                           |

***Applications must be Originals (no copies, scans).***  
***Must be post-marked on or before March 2, 2020.***  
***Late applications will not be accepted.***

## **Depot Youth Camp Application Checklist**

- ☐ Original Form 330-23 - Personnel Screening, Consent and Authorization Form

**(Section B – Past residence, do not leave any blank periods, we require all previous residences for past 5 years. Section C - please ensure that you provide your initials in the "Applicant's Initials" column for numbers 1 to 5 and if you are under 18 a parents also has to sign)**

- ☐ School & Personal Information Form
- ☐ Medical Questionnaire Form
- ☐ Parents/Guardians Permission and Liability Waiver Form
- ☐ Release and Indemnity Agreement Form
- ☐ Model Release Form
- ☐ Candidates General Rules and Regulations Form
- ☐ Photo ID - Photocopy of Driver's License (if you do not have one, photocopy of government issued photo ID (SGI can provide you a photo ID even if you do not have a Driver's License.)

**Please be reminded that any missing or inaccurate information submitted will create unnecessary delays in processing your application. We require the originals of the forms to be mailed or dropped off. (A scanned copy will not be sufficient)**

**Applications must be letter size, single sided.**

**(Do not print legal size or double sided)**

**Must be completed in Pen (not pencil).**

**Do not fold.**

**Applications must be Originals (no copies, scans).**





**PERSONNEL SCREENING,  
CONSENT AND AUTHORIZATION FORM**

| OFFICE USE ONLY  |                                |             |
|------------------|--------------------------------|-------------|
| Reference number | Department/Organization number | File number |

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.  
Please typewrite or print in block letters.

**A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)**

|                              |                                 |                                  |                                   |                                       |                                        |
|------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Update | <input type="checkbox"/> Upgrade | <input type="checkbox"/> Transfer | <input type="checkbox"/> Supplemental | <input type="checkbox"/> Re-activation |
|------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------------|----------------------------------------|

The requested level of reliability/security check(s)

☐ Reliability Status    ☐ Level I (CONFIDENTIAL)    ☐ Level II (SECRET)    ☐ Level III (TOP SECRET)

☐ Other \_\_\_\_\_

**PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT**

☐ Indeterminate    ☐ Term    ☐ Contract    ☐ Industry    ☐ Other (specify secondment, assignment, etc.) \_\_\_\_\_

Justification for security screening requirement \_\_\_\_\_

|                                                                |                                                 |                                  |                      |
|----------------------------------------------------------------|-------------------------------------------------|----------------------------------|----------------------|
| Position/Competition/Contract number                           | Title                                           | Group/Level (Rank if applicable) |                      |
| Employee ID number/PRI/Rank and Service number (if applicable) | If term or contract, indicate duration period ▶ | From                             | To                   |
| Name and address of department / organization / agency         | Name of official                                | Telephone number ( )             | Facsimile number ( ) |

**B BIOGRAPHICAL INFORMATION (To be completed by the applicant)**

|                                                                                                                                                           |                  |                                                                         |                              |                                                                                                               |                                |                                                               |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------|---------------|
| Surname (Last name)                                                                                                                                       |                  | Full given names (no initials) underline or circle usual name used      |                              |                                                                                                               |                                | Family name at birth                                          |               |
| All other names used (i.e. Nickname)                                                                                                                      |                  | Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of birth<br>Y   M   D   |                                                                                                               | Country of birth               | Date of entry into Canada if born outside Canada<br>Y   M   D |               |
| RESIDENCE (provide addresses for the last five years, starting with the most current)<br>Home address                                                     |                  |                                                                         | Daytime telephone number ( ) |                                                                                                               | E-mail address                 |                                                               |               |
| 1                                                                                                                                                         | Apartment number | Street number                                                           | Street name                  |                                                                                                               | Civic number (if applicable)   | From<br>Y   M                                                 | To<br>present |
|                                                                                                                                                           | City             | Province or state                                                       | Postal code                  | Country                                                                                                       | Telephone number ( )           |                                                               |               |
| 2                                                                                                                                                         | Apartment number | Street number                                                           | Street name                  |                                                                                                               | Civic number (if applicable)   | From<br>Y   M                                                 | To<br>Y   M   |
|                                                                                                                                                           | City             | Province or state                                                       | Postal code                  | Country                                                                                                       | Telephone number ( )           |                                                               |               |
| Have you previously completed a Government of Canada security screening form? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                  |                                                                         |                              | If yes, give name of employer, level and year of screening. Y                                                 |                                |                                                               |               |
| <b>CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)</b>                                                                                   |                  |                                                                         |                              |                                                                                                               |                                |                                                               |               |
| Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                                                                         |                              | If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction) |                                |                                                               |               |
| Charge(s)                                                                                                                                                 |                  | Name of police force                                                    |                              |                                                                                                               | City                           |                                                               |               |
| Province/State                                                                                                                                            |                  | Country                                                                 |                              |                                                                                                               | Date of conviction ▶ Y   M   D |                                                               |               |



Government  
of Canada

Gouvernement  
du Canada

**PERSONNEL SCREENING,  
CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

|                              |                        |
|------------------------------|------------------------|
| Surname and full given names | Date of birth<br>Y M D |
|------------------------------|------------------------|

**C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)**

| Checks Required (See Instructions)                                                                                                                       | Applicant's initials | Name of official (print) | Official's initials | Official's Telephone number |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|---------------------|-----------------------------|
| 1. <input checked="" type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references |                      |                          |                     | ( )                         |
| 2. <input checked="" type="checkbox"/> Criminal record check                                                                                             |                      |                          |                     | ( )                         |
| 3. <input checked="" type="checkbox"/> Credit check (financial assessment, including credit records check)                                               |                      |                          |                     | ( )                         |
| 4. <input checked="" type="checkbox"/> Loyalty (security assessment only)                                                                                |                      |                          |                     |                             |
| 5. <input checked="" type="checkbox"/> Other (specify, see instructions) Law Enforcement Records Check                                                   |                      |                          |                     | ( )                         |

**The Privacy Act Statement**

The information on this form is required for the purpose of providing a security screening assessment. It is collected under the authority of subsection 7(1) of the *Financial Administration Act* and the Government Security Policy (GSP) of the Government of Canada, and is protected by the provisions of the *Privacy Act* in institutions that are covered by the *Privacy Act*. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. Depending on the level of security screening required, the information collected by the government institution may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigation in accordance with the GSP and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals working or applying to work through appointment, assignment or contract, transfers or promotions. It may also be used in the context of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

I, the undersigned, do consent to the disclosure of the preceding information including my photograph for its subsequent verification and/or use in an investigation for the purpose of providing a security screening assessment. By consenting to the above, I acknowledge that the verification and/or use in an investigation of the preceding information may also occur when the reliability status, security clearance or site access are updated or otherwise reviewed for cause under the Government Security Policy. My consent will remain valid until I no longer require a reliability status, a security clearance or a site access clearance, my employment or contract is terminated, or until I otherwise revoke my consent, in writing, to the authorized security official.

|                     |              |                           |              |
|---------------------|--------------|---------------------------|--------------|
| Applicant Signature | Date (Y/M/D) | Parent/Guardian Signature | Date (Y/M/D) |
|---------------------|--------------|---------------------------|--------------|

**D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)**

|                |                  |
|----------------|------------------|
| Name and title | Telephone number |
| Address        | Facsimile number |

**E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)**

I, the undersigned, as the authorized security official, do hereby approve the following level of screening.

|                                                      |                                       |                                    |                                          |
|------------------------------------------------------|---------------------------------------|------------------------------------|------------------------------------------|
| Reliability Status                                   |                                       |                                    |                                          |
| <input type="checkbox"/> Approved Reliability Status | <input type="checkbox"/> Not approved |                                    |                                          |
| Name and title                                       |                                       |                                    |                                          |
| Signature                                            | Date (Y/M/D)                          |                                    |                                          |
| Security Clearance (if applicable)                   |                                       |                                    |                                          |
| <input type="checkbox"/> Level I                     | <input type="checkbox"/> Level II     | <input type="checkbox"/> Level III | <input type="checkbox"/> Not recommended |
| Name and title                                       |                                       |                                    |                                          |
| Signature                                            |                                       | Date (Y/M/D)                       |                                          |
| Comments                                             |                                       |                                    |                                          |

**PHOTO**  
(for Level III T.S.,  
and/or upon request  
- see instructions)

## Depot Youth Camp

### SCHOOL AND PERSONAL INFORMATION (please print)

#### CAMP INFORMATION:

Have you applied to Depot Youth Camp before? Y / N If yes, year of application \_\_\_\_\_

Please indicate which camp you are applying for (You may choose one or both)

☐  
☐

Jul 20 to July 24, 2020

July 27 to July 31, 2020

#### SCHOOL INFORMATION:

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

School Contact: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Grade (in current school year of 2019-2020): \_\_\_\_\_

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address (or Post Office Box): \_\_\_\_\_ (Appt #): \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ (cell): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth (dd/mm/yr): \_\_\_\_\_ Sex: Male Female

Provincial Health Care Card #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

#### T-shirt size

Circle One: **S M L**

#### Ball cap size

Circle One: **M L**

| Ball Cap Sizing : |        |          |       |        |          |
|-------------------|--------|----------|-------|--------|----------|
| Medium            |        |          | Large |        |          |
| Cm.               | Inches | Hat Size | Cm.   | Inches | Hat Size |
| 54                | 21 1/2 | 6 3/4    | 58    | 23     | 7 1/4    |
| 54                | 21 5/8 | 6 7/8    | 59    | 23 3/8 | 7 3/8    |
| 56                | 22 1/4 | 7        | 60    | 23 3/4 | 7 1/2    |
| 57                | 22 1/2 | 7 1/8    | 61    | 24     | 7 5/8    |



**Family Doctor:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Parent/Guardian 1**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (work): \_\_\_\_\_

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

**Parent/Guardian 2**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (work): \_\_\_\_\_

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

**Emergency Contact**

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

Phone # (home): \_\_\_\_\_ (work): \_\_\_\_\_

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## Depot Youth Camp MEDICAL QUESTIONNAIRE

APPLICANT'S FULL NAME: \_\_\_\_\_

### PLEASE READ THE FOLLOWING CAREFULLY:

Police officers must maintain a high level of fitness to perform their duties effectively and professionally. At the Depot Youth Camp, you will be expected to be in good condition and **injury free**.

The physical components of the Depot Youth Camp include a conditioning program, participation in team sport games, and simulations of police scenarios, involving chasing, controlling and apprehending suspects.

The students will be exposed to a simulated physical ability requirement evaluation, which is currently required for RCMP entry. This is a physically rigorous test. Completion of this test requires participants to perform at near maximum heart rates, challenge upper body strength, muscular endurance and coordination skills.

It is the recommendation of the Depot Youth Camp to undergo a medical examination by a physician if the applicant or the guardians have any concerns.

Read and honestly answer each of the following questions. Any information regarding injuries must be volunteered. **If it is not, and the injury surfaces during the activities at the Depot Youth Camp, the student may be expelled.**

\*\*\*\*\*

1. List any injuries or illnesses affecting physical activity.

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2. Have you been under a doctor's care for any reason within the preceding two (2) years?  
Yes / No

If yes, explain:

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3. Do you have a bone or joint problem that could be aggravated by physical activity? Yes / No

If yes, explain:

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4. Do you feel pain in your chest when you exercise physically?

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5. Do you experience dizziness, or do you ever lose consciousness?

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6. Are you currently on medication: Yes / No  
If yes, explain:

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7. Do you have any dietary restrictions?

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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**PARENTS/GUARDIANS PERMISSION AND LIABILITY WAIVER**

I, \_\_\_\_\_ the guardian/parent of \_\_\_\_\_ hereby give permission for \_\_\_\_\_ to participate in the Depot Youth Camp. I understand that he/she will be involved in a variety of activities including but not limited to firearms training. I acknowledge that some physical activity will be involved and state that \_\_\_\_\_ is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required, to ensure that \_\_\_\_\_ will be capable of participating in the physical activities. I also understand that there could be media coverage of this event which could include a photo, my child's name, and comments. This information could show up on RCMP advertising.

Further, the undersigned agrees to assume all risks of participating in the Depot Youth Camp, and does hereby remise, release, and forever discharge the ROYAL CANADIAN MOUNTED POLICE, its servants and agents, from any and all manner of actions, debts, claims and demands, that said undersigned may have any reason of any manner arising out of the said activities organized by the ROYAL CANADIAN MOUNTED POLICE, Depot Division (RCMP Training Academy) during the Depot Youth Camp.

**In witness whereof I have set my hand this date:**

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ at the \_\_\_\_\_ of  
(town/city)

\_\_\_\_\_ in the Province of Saskatchewan.  
(name of town/city)

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

**RELEASE AND INDEMNITY AGREEMENT (the Agreement)**  
**RELEASE AND INDEMNIFICATION AGREEMENT (THE AGREEMENT)**

In consideration of the acceptance of \_\_\_\_\_ (the PARTICIPANT) voluntary participation in the Royal Canadian Mounted Police Depot Youth Camp (hereafter referred to as the Camp), the PARTICIPANT release HER MAJESTY THE QUEEN IN RIGHT OF CANADA, THE ATTORNEY GENERAL OF CANADA, THE ROYAL CANADIAN MOUNTED POLICE, (collectively called the RELEASEES) and their officials, agents, employees, officers, directors, servants and representatives, from and against all claims, actions, costs, expenses and demands in respect to any injury, loss or damage to the PARTICIPANT'S person or property, howsoever caused, arising out of or in connection with the PARTICIPANT'S taking part in the Camp.

The PARTICIPANT acknowledges that he or she/they has/have been fully informed of the inherent physical risks associated with participating in the Camp and, despite being fully informed of such physical risks, the PARTICIPANT, with legal guardian consent (if applicable), voluntarily wishes to participate in the Camp.

The PARTICIPANT understands and agrees that this Agreement is binding on the PARTICIPANT, and his or her/their heirs, executors, administrators and assigns.

The PARTICIPANT has read this Agreement and fully understands its contents.

IN WITNESS WHEREOF the PARTICIPANT has executed this Agreement as of the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_ at the \_\_\_\_\_ of \_\_\_\_\_  
(month) (town/city) (name of town/city)

In the Province of Saskatchewan.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
NAME OF PARTICIPANT (Print)

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
NAME OF LEGAL GUARDIAN (Print)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
NAME OF WITNESS (Print)



## Model Release Agreement Films - Photos - Videos

| Model's Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| Name of Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone Number | Regimental No.    |
| Home Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                   |
| Consent and Release                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                   |
| <p>I agree to model for and on behalf of Her Majesty the Queen in right of Canada in the production of RCMP photographs, motion pictures, videos 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 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 on (yyyy-mm-dd)</p> |                  |                   |
| Name of Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signature        | Date (yyyy-mm-dd) |
| Parent / Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                   |
| Parent / Guardian must sign if model is under 18 years of age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature        | Date (yyyy-mm-dd) |
| Witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature        | Date (yyyy-mm-dd) |

## Depot Youth Camp Candidates General Rules and Regulations

1. Once at the academy site, candidates shall not leave the RCMP Training Academy property without specific direction from staff.
2. Candidates shall turn in all medication(s) to staff immediately upon arrival. Designated staff will supervise candidates' taking of medication as prescribed. Ana-kits and inhalers shall be reported upon arrival; however, will be retained by the candidate.
3. Alcohol, non-prescription drugs and any other intoxicants are prohibited.
4. Smoking is not permitted at the academy at any time.
5. Candidates shall not enter the accommodations or rooms of the opposite gender, unless accompanied by a staff member.
6. Candidates shall remain in their assigned living quarters from 2130 to 0600 hours, unless specifically directed otherwise by staff.
7. Candidates are responsible to ensure the cleanliness and organization of facilities, including assigned candidate quarters, in accordance with directions from staff. Personal quarters (rooms) will be subject to daily inspections.
8. Candidates shall use only those facilities assigned to them and not make use of other facilities/amenities without specific direction from a staff member.
9. Candidates shall remove earrings/body piercing(s) for the duration of the academy.
10. Candidates must, at all times, follow and obey all directions of staff.
11. Full Disclosure of any injuries must be disclosed to any staff, prior and during the academy. The disclosure is to ensure your continued health.
12. Candidates must wear issued uniforms for the duration of the academy. The candidate will be required to wash and dry their uniform each night so that it is ready to be worn the next day. T-shirts will also have to be washed, dried and ironed each night.
13. The program consists of a lot of physical activity, because of this - candidates will be required to shower every day. Either at night before going to bed or in the morning before the day starts.

**Important Notice for Parents and Candidates - Any Candidate who fails to comply with rules, regulations, staff directions or staff guidance, or who become disruptive to the academy, may have their participation in the Academy cancelled and be immediately returned home, potentially at the cost of the candidate/parent.**

**By signing you hereby declare that you have read and understood the General Regulations and Rules.**

**Student Signature:** \_\_\_\_\_ **Date: (YY/MM/DD)** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date: (YY/MM/DD)** \_\_\_\_\_





## DEPOT YOUTH CAMP

The Depot Youth Camp is a week-long summer camp for students in Grades 11 and 12 (ages 16-19).

Students selected for the RCMP Youth Camp form a co-ed group that is reflective of a typical RCMP cadet troop. By the end of the week-long camp, the group will develop a good understanding of the career possibilities offered by the RCMP. This is a once-in-a-lifetime opportunity to experience Depot prior to submitting an RCMP application.

This is also a wonderful opportunity to interact with police officers from many different units within the RCMP, which will allow you to obtain a better understanding of what life would be like as a member of the Royal Canadian Mounted Police!

### ABOUT THE PROGRAM

Student selection will be based on academic achievement, fitness and interest in a career in policing. While at camp, students will be issued parts of the RCMP uniform to wear and will be expected to act as a troop in training. They will be required to wake up early, keep dorms clean, and behave as a professional representative of the RCMP.

Two camps :  
July 20 – July 24, 2020 & July 27 – July 31, 2020

### PROGRAM OFFERS

Participation and observation of activities such as :

- > drill
- > driver simulator training
- > firearms simulator
- > defense tactics
- > police officer scenarios
- > fitness training (PARE)
- > troop graduation
- > a tour of RCMP Heritage Centre and much more!

### ARE YOU INTERESTED?

For more information and how you can apply, please contact:

"F" Division RCMP ProActive Recruiting at  
[FDIV-ProActive-Recruiting@rcmp-grc.gc.ca](mailto:FDIV-ProActive-Recruiting@rcmp-grc.gc.ca)

### NOW ACCEPTING APPLICATIONS FOR THE NEXT SESSIONS!

Deadline for application :  
March 2, 2020

