



Menomonie Police Department  
715-232-2198  
[mpdstaff@menomonie-wi.gov](mailto:mpdstaff@menomonie-wi.gov)  
615 Stokke Parkway Suite G200, Menomonie, WI, 54751

## Junior Police Program Application

Through the Junior Police Program, participants receive training on basic law enforcement. The most important job for participants will be to use the skills they have learned to serve their community and its citizens in a positive manner. The Junior Police Program participants must uphold high standards of discipline, respect, honor and dedication to excellence in all areas of their lives.

### Application Process

1. Complete and submit application and signed waivers along with a copy of most recent academic grades by **June 1<sup>st</sup>**. Materials can be mailed or dropped off in person at: 615 Stokke Parkway Suite G200, Menomonie, WI 54751. You can also email materials to [mpdstaff@menomonie-wi.org](mailto:mpdstaff@menomonie-wi.org).
2. After the application is completed and submitted, a brief background check will be conducted on all applicants. This will include an in-person interview.
3. A selection of applicants will be made based on meeting the below requirements and space availability. A notification of application status will be made before the date of the first meeting.
4. Pay registration fee/ annual dues of \$25, due at 1st meeting. Fee covers the cost of a shirt to be used as a uniform and materials associated with the program. If cost is a barrier, please contact the MPD about financial assistance for the program.

### Requirements and Other Necessary Documents

To participate in the Junior Police Program at the Menomonie Police Department, ***all candidates must:***

1. Be at least 14 years old (entering 9th grade), through **20 years of age**.
2. Be a United States citizen or lawful resident alien.
3. Have proof of current enrollment in school all the while maintaining a GPA of 2.0 or higher while in the program.
4. Be drug (illegal) free, including the use of alcohol and tobacco.
5. Have good moral character and possess the qualities of honesty, maturity, self-discipline and initiative.
6. Have the desire to learn and the ability to commit to serve the agency and the community.
7. Submit the completed application by the deadline of **June 1<sup>st</sup>**.
8. Provide a copy of their birth certificate and photo ID (driver's license or school ID).
9. Not have a criminal or gang background or involvement as determined by a background check.
10. Have and give a 100% commitment to attend the scheduled program dates.
11. Have 100% support from parents/guardians.

Additionally, all candidates should provide a copy of their health insurance card/information and indicate a career interest in law enforcement, the criminal justice system, and/or a community service-related field.



## Opportunities

1. Obtain hands-on experience in various law enforcement-related activities.
2. Assist at local community events such as festivals, and parades.
3. Eligible to participate in the Advanced Junior Police Program upon completion of this program (ages 18- 21).

## Disqualification or Termination Factors

*This is not an exhaustive list and is subject to the program coordinator's discretion.*

1. Current use of non-prescribed or illegal drugs, or abuse of prescription drugs.
1. Any felony conviction, some misdemeanor convictions, including domestic violence charges.
2. Police history - type, frequency, and nature of contacts(s).
3. Driving record with a major offense.
4. Outside activities may be classified as a conflict of interest.
5. Revelation of assaultive behavior via background investigation or by the admission of the applicants.
6. Falsifying information during the application process.

## Personal Information

Full name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last                    Middle                    First

Mailing Address: \_\_\_\_\_  
Street      City      State      Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18?      Yes      No      Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Clubs: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shirt size: \_\_\_\_\_

## Parental/Guardian & Emergency Information

Parent/Guardian name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, state, zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, state, zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



## Emergency Contact Information

In the event of an emergency and parents/guardians are unavailable, please list two emergency contacts:

Contact #1: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, state, zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, state, zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Background Information

Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received a ticket?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had the police called on you, or had a negative police contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been under the influence of alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever used or possessed any illegal drugs, including marijuana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever stolen anything?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been involved in a physical fight with someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been suspended from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a member of a gang, or associated with known gang members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever committed an act of vandalism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a victim of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been hospitalized in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Volunteer Experience & Extracurricular Activities:

Leadership Positions:

Skills that qualify you for this program:

Recognition(s) and award(s). Name of award and organization:

Hobbies, skills, outside interests:

Why do you want to explore a career in Law Enforcement? Explain:



## References

Please list 3-4 references who can comment on your suitability and validate your character. References can be teachers, counselors, employers, etc. Please do not use relatives.

Name (Last, First)	Address	Phone Number	Title/Position
Name (Last, First)	Address	Phone Number	Title/Position
Name (Last, First)	Address	Phone Number	Title/Position
Name (Last, First)	Address	Phone Number	Title/Position



APPLICANT, PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of

\_\_\_\_\_ not be revealed without my consent or until required under law.

Applicant's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF INFORMATION

*(For official use only, not to be released to unauthorized persons)*

I hereby empower an employee of the **MENOMONIE POLICE DEPARTMENT** or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal Law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Any previous employer
6. Present employer
7. Any school, college, university, or other educational institution
8. Any law enforcement or jail officer
9. Military Record Centers
10. Any private citizen who has knowledge of individual
11. Any Local, State, or Federal Government Agency

### Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. \_\_\_\_\_
3. \_\_\_\_\_

'This release is executed to authorize the **MENOMONIE POLICE DEPARTMENT**, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

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Date

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Signature -Full Name•

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Address- Street and Number

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City

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State

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Zip

Witness: \_\_\_\_\_  
Signature



## **City of Menomonie Confidentiality Statement**

As a public agency charged with investigating many different types of complaints, the City of Menomonie Police Department receives a large amount of confidential information that can not be released to the public. According to the Police Department's Policy, information shall only be disseminated to those for whom it is intended, and in accordance with established procedures and Wisconsin Statutes.

During training and while providing services for the City of Menomonie Police Department, a volunteer is likely to receive information that is considered confidential. As a result, volunteers must adhere to the City of Menomonie Police Department confidentiality policy.

Volunteers shall keep confidential the identities of crime victims, witnesses, suspects, as well as any information and reports received. All replies and information generated or received by the volunteer shall be considered the property of the City of Menomonie and shall be turned over to the investigating officer.

Because confidentiality of information is so critical, a volunteer may be terminated for failure to adhere to the City of Menomonie Police Department confidentiality guidelines. Failure to adhere to the City of Menomonie Police Department confidentiality guidelines may also result in additional penalties, including criminal prosecution.

I have read the above statement and understand the requirement for non-disclosure of Police Department information.

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Volunteer Signature

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Date

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Print Name



## **Menomonie Police Department**

### **Release of Liability and Indemnity Agreement for**

### **Non-Employees (Volunteers)**

I, \_\_\_\_\_, (Volunteer), do hereby agree to indemnify and hold harmless the City of Menomonie, the Menomonie Police Department, their administrators, employees, agents or assigns, from and against any and all claims, demands, damages, actions, causes of actions, or suits of any kind or nature whatsoever for any and all injuries and damages, known and unknown, both to person and property, which may result in or in the future may develop as a result of any involvement, participation, engaging in or helping with any "activities" or "functions" as a volunteer.

"Activities" or "functions" are defined as any enterprise, exercise, undertaking, training, work, project, assignment, task, process or pursuit that may occur on behalf of or with the assistance of the Menomonie Police Department.

I also understand that as a volunteer, I am not covered under the City's Worker's Compensation Insurance.

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Volunteer Signature

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Date

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Print Name



## RELEASE OF IMAGES AND VIDEO FOOTAGE

\_\_\_\_\_ (child's name) participated in the Junior Police Program with members of the Menomonie Police Department.

I hereby fully authorize and release the rights of any images and video related to this program to the City of Menomonie and expressly allow them to use this footage and audio on their social media sites. I forever waive any claim against the City of Menomonie Police Department for said use of the video and images resulting from participating in this program.

I declare that I have fully read and understand the terms of this Release and I have voluntarily accepted it for the purpose of allowing the City of Menomonie Police Department to use any and all video footage and images related to the Junior Police Program identified above.

IN WITNESS WHEREOF I have executed this Release on:

\_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Name of child(ren)-printed

\_\_\_\_\_  
Parent or Guardian Signature