

LIVINGSTON
YOUTH LAW ENFORCEMENT
APPLICATION



Livingston Parish Sheriff's Office

20300 Government Blvd

Livingston, Louisiana 70754

225-686-2241



The Livingston Youth Law Enforcement Program is accepting applications from individuals entering the 9th grade (14 years of age) and or individuals who are no more than 20 years of age. The mission of this program is to educate and involve youth within the parish, in the concepts of police operations which may interest them in pursuing possible law enforcement careers. Through involvement, the Youth program establishes an awareness of the continued training needed of the ever-changing complexities of police operations. Youth will be led by LPSO Youth Advisors and held to a standard that's expected of being associated with this office. While LPSO personnel will play a key role in the youth's development, other law enforcement agencies and approved organizations can also become involved in the Youth program.



LIVINGSTON YOUTH LAW ENFORCEMENT PROGRAM

Name: _____
Last First MI

Address: _____
Street City Zip

Phone: _____ Email: _____

Gender: _____ Age: _____

Grade Level & School for 2023/2024 School Year (if applicable) _____

Some High School _____ High School Diploma _____ Some College _____ College Degree _____

Parent/Guardian Name: _____

Phone: _____ Secondary Phone: _____

Signature of Parent/Guardian/Applicant

Date



EMPLOYMENT HISTORY (IF APPLICABLE)

<u>Current Employer:</u>	<u>Occupation:</u>	<u>Supervisor Name:</u>	<u>Hire Date:</u>
<u>Business Address: (Include City, State, and Zip)</u>		<u>Phone Number:</u>	
Employment for past three (3) jobs (Please include name, address, supervisor, and dates)			
1)			
2)			
3)			



CRIMINAL HISTORY AND DRIVING RECORD:

(IF ANY SECTION DOES NOT APPLY TO YOU PLEASE INDICATE BY WRITING "N/A")

Louisiana Driver's License Number

Has your license ever been suspended or revoked?

Have you ever been convicted of a crime? If yes, please explain:

Traffic Citations and accidents for the past two years:

REFERENCES

References: **DO NOT USE FAMILY MEMBERS AS REFERENCES.** List three (3) individuals you have known for at least 5 years.

NAME

ADDRESS

ZIP

PHONE NUMBER



Why do YOU want to “Serve” as a Law Enforcement Officer?

Please briefly state why you wish to be a part of the Livingston Youth Law Enforcement Program. (Use the back if necessary) **This question must be answered.**

A large, empty rectangular box with a black border, intended for the student to write their answer to the question above.



AKNOWLEDGEMENT

- As an applicant for membership in the Livingston Youth Law Enforcement program, I am willing to furnish information for use in determining my qualifications.
- I understand that for security reasons, a basic clearance check/background will be conducted, and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.
- I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from consideration in participating in the youth program.
- I understand that the Livingston Parish Sheriff's Office will not disclose any of my information to any outside entity without my written consent.
- I understand that the Livingston Parish Sheriff's Office will not have to disclose the reason, if any, for not being selected to the program.
- In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Livingston Parish Sheriff's Office to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Livingston Parish Sheriff's Office, I understand I may be privy to confidential information and promise to respect and not disperse any Livingston Parish Sheriff's Office information.

Applicant Signature

Date

Parent/Guardian Signature (If applicable)

Date



AGREEMENT

The undersigned requests voluntary participation in the Livingston Youth Law Enforcement Program. I/we understands that the Livingston Parish Sheriff's Office ("LPSO") does not require the individual to participate in this Activity, but he/she chooses to do so, despite the possible dangers and risks and despite this consent. I/we believe and represent that my/our child is healthy and physically able to participate safely in these activities.

The undersigned hereby grants permission and authority to LPSO, its officers and authorized employees, agents, or volunteers to act for us in executing verbal instructions or, if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain, prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release LPSO, and its agents, employees, servants, insurers, and employees, and hold harmless from liability for any injury or damage sustained while participating in the activity listed above or participating in any activity sponsored by LPSO and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

I/we further agree to indemnify and hold harmless LPSO, its officers and authorized employees, agents, or volunteers against any claim made against it for injury or damage caused by my/my child's participation in the Program.

I/we hereby confirm that the participant has health insurance coverage that is effective as of the date of his/her participation in the Program.

It is the intention of the student participant and his/her parents that, by signing this agreement, they agree to release, hold harmless, exempt, and relieve LPSO from any liability for personal injury or property damage caused by participation in the Program, and to indemnify LPSO against any claims that may arise from my/my child's participation. The participant or representative acknowledges that he/she has read this Agreement and agrees to its terms in full. The participant fully understands these terms and the legal consequences of signing the agreement and signs this agreement freely and voluntarily.

Participant's Signature

Participant's Printed Name

Date

**Parent/Guardian's Signature
(if applicable)**

Parent/Guardian's Printed Name

Date