# BATES COUNTY YOUTH POSSE

## Interested in learning more about leadership, law enforcement, criminal justice, and community involvement? Join now!

**Our mission is to positively impact Bates County Youth who have an interest in Law Enforcement, giving them hands-on practical experience and education under direct supervision of the Sheriff's Office, and Posse, that will build a foundation of a law enforcement career and leadership.**

## Qualifications:

- **Must be attending high school (Grades 9-12). and be ages 15-18.**
- **Must attend a Bates County School District or homeschooled within Bates County.**
- **Must have a C grade average or higher at the time of application.**
- **Applicants must have good moral character, have a positive attitude, accept direction from leadership, have good communication skills, and be willing to work as a team with other members.**

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## Requirements:

- **Must submit three letters of recommendation, application, and a completed parental consent form.**
- **Must complete an interview in front of a panel.**
- **Must maintain a 2.0 GPA while participating in the program.**
- **Must complete 20 hours of community service a year while participating in the program.**
- **Must attend and participate in 75% of all scheduled training and 75% of all program meetings.**

# Application

NAME:_____ SS NUMBER:_____

PHONE NUMBER:_____ DOB:_____

AGE:_____ SEX:_____ SCHOOL GRADE:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

DRIVER'S LICENSE/PERMIT #: _____ STATE:_____

GUARDIAN'S NAME:_____

GUARDIAN'S PHONE NUMBER:_____

SCHOOL:_____

EXTRA CIRICULARS/SPORTS:_____

_____

_____

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_____

CURRENT EMPLOYMENT:_____

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_____

MEDICAL CONDITIONS:_____

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ALLERGIES: _____

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MEDICATIONS: _____

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**Please submit all completed documentation to Cpl. Jackson via email: jjackson@batescountysheriff.com**

**Questions? Contact Cpl. Jackson via email or by calling 660-679-3232**

**I, _____, Bates County Youth Posse member, voluntarily agree to, and do hereby assume all risks of physical harm in connection with this request of joining and participating during events and while attending all activities. I further agree not to bring any claim or suit with respect to any injuries I may sustain against the State of Missouri, the county of Bates, the Bates County Sheriff's Officers, Bates County Posse, or any of their officers, deputies, or employees, and I agree to hold them harmless from and indemnify them for any and all claims, demands suits and liability which might possibly arise out of my participation in this program as requested herein. I certify that I have read this request and waiver of liability before singing it and me fully understand its contents.**

_____ _____

***Signature*** ***Date***

***IF THE MEMBER IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN BELOW***

***I/We have read and join in making the foregoing request and waiver of liability on behalf of ourselves and of our minor child whose signature appears above.***

_____ _____

***Parent/Guardian Signature*** ***Date***