

# **THE AMERICAN LEGION**

Department of Florida



## **CHAIRMAN'S MANUAL**

2022

**2021-2022**  
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# What is the Florida Youth Law Cadet Academy?

The American Legion, Department of Florida and the Florida Highway Patrol have teamed together to create the Florida Youth Law Cadet Academy. This is a week-long program that provides a hands-on learning experience with insight into the operations of law enforcement agencies. The program allows these highly motivated young people an opportunity to consider law enforcement as a potential career choice.

Recruitment of high school students, both male and female, representing all communities and backgrounds in the state of Florida, is one of the main goals of this program. Once these young people have been selected to attend the program, the law enforcement community is challenged to present a program that will instill an understanding and respect for law enforcement professionals and their techniques.

During the program cadets will participate in the following activities:

- Exercises.
- Sports.
- Defense Tactics.
- Driving course.
- Firearms.

*ALL activities of the program will be supervised by certified personnel in that field*

## Student Qualifications

- Cadets must be a Florida high school student.
- Male or female.
- **Between the ages 16 and 18**, who have not reached the age of 19 by July 1, 2022.
- Should be of good moral character and possess a desire to learn more about law enforcement as a profession.
- **Cadet has a valid Driver's License.**
- High School Administration or Teachers should recommend students who meet these qualifications to American Legion Posts who are sponsoring the Youth Law Cadet program.
- Must have at least a 2.0 GPA.

# Important Dates to Remember

*Florida Youth Law Cadet Academy, July 10-15, 2022*

- **February 1<sup>st</sup>, 2022**
    - **Start sending in Post Sponsorship money of \$350.00 per Cadet and application paperwork.**
      - *Only Post checks will be accepted. Personal checks **cannot** be used.*
      - *Any fee subsidy provided by Department of Florida will be returned to each Post on a pro-rata basis.*
      - The following paperwork must be submitted with fee:
        - Cadet Application.
        - Completed health forms.
        - ID photos (driver's license or drivers permit if available).
        - All permission forms.
    - **Make checks out to: American Legion, Department of Florida**
      - **Memo: Youth Law Cadet Academy**
    - **Mail checks and applications to:**
      - **Dept. Youth Law Cadet Chairman, Bob Brewster**  
**2872 Circle Ridge Drive Orange Park, FL 32065**  
*\*\*Once the cadet's application has been approved the Post check will be sent to Department Headquarters. \*\**
  - **June 1, 2022 **\*\*DUE DATE\*\*****
    - **ALL Fees, Applications, and Paperwork are due to the Dept. Youth Law Cadet Chairman, Bob Brewster.**
  - **Sunday, July 10th** – Cadets arrive at the Florida Highway Patrol Academy between **4:00 P.M. – 5:00 P.M.** for registration.
  - **Friday, July 15th**– Cadets depart at **12:30 PM** to head back home.
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The American Legion, Department of Florida  
Youth Law Cadet Academy will take place at:

**Florida Highway Patrol Academy**  
**75 College Drive**  
**Havana, Florida 32333**  
**Phone: 850-558-4250**

# Overview of Chairman Responsibilities

1. **Decide on whether or not your post will sponsor 1 or 2 cadets.**
  - Please keep in mind only 30 cadets out of the whole state of Florida will be able to attend the program.
2. **Contact the high school(s) in your area.**
  - Get the name of a specific contact person (principal, guidance counselor, etc.).
  - Set up an appointment to explain the Youth Law Cadet Academy and the school's role in the selection process.
  - Give your high school(s) contact person copies of the Youth Law Cadet Academy brochures, applications, and additional paperwork.

*School contacts **DO NOT** interview the boys and girls. Interviews are the responsibility of your Post.*

3. **Interviewing, screening and selecting your delegate(s).**
  - Select a committee.
  - Make sure the students know what the program is **all** about. Candidates who do not know what the program is about often end up changing their mind and will not attend.
  - **Should your Post choose a young man or woman with disabilities, it is the responsibility of the Post to notify Department Headquarters and to provide the necessary help the student will need during the program.**
4. **Explain the registration process.**
  - Make time to sit down with your chosen cadet and their parents at the same time. If you do not have a Post home, the school will often allow you space to use.
  - Brief the parents and the student on the program and what is expected of them. Explain travel arrangements. *This is a good time to establish a rapport with the student and their parents.*
  - **Fees, Applications, and Paperwork must be submitted to Department Youth Law Cadet Chairman, Bob Brewster, by June 1, 2022.**
5. **Keep in touch with the Program Chairman & Department.**
  - If there are any problems, questions, or concerns please notify:
    - Department Youth Law Cadet Chairman, Bob Brewster
      - Home: 904-272-1619 or Cell: 904-635-4492
      - Mr.BobBrewster@gmail.com
    - Department Programs Director Bekki Tibbs
      - 800-393-3378 ext. 235
      - btibbs@floridalegion.org
6. **Stay in contact with your cadet(s).**
  - Make sure that they do not have any problems or questions.
7. **Handle substitutions quickly and accurately.**
  - **If there is a change in cadet, please notify Department Headquarters immediately and submit the new application as soon as possible.**

# Cadet Fee

The cost per cadet, paid by a sponsoring American Legion Post, will be **\$350.00** which includes:

- The training programs.
- Housing.
- 3 square meals a day.
- Training gear and head gear.
- Graduation Ceremony.

## Submitting Post Checks

The Cadet fee must be paid by a sponsoring American Legion Post NOT by the Cadet and/or his parents.

Please make **POST** checks or money orders out to:

**American Legion, Dept. of FL  
Memo: Youth Law Cadet Academy**

Mail checks & cadet applications to:

**Dept. Youth Law Cadet Chairman, Bob Brewster  
2872 Circle Ridge Drive Orange Park, FL 32065**

*\*\* Once the cadet's application has been approved the Post check will be sent to Department Headquarters. \*\**

**PAYMENT DEADLINE FOR CHECKS & APPLICATIONS:**

***June 1st, 2022***

*(Transportation and other costs are handled through the Post)*

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***THERE ARE NO REFUNDS***

*It is your responsibility to fill you replace your cadet if they choose to not to attend the program anymore.*

# **Selection Process**

## **Role of the School/ Guidance Counselor**

Set up an appointment with your local school contact (guidance counselor, activities director, principal, etc.). Make sure you explain what the Florida Youth Law Cadet Academy is and its purpose. Take enough brochures and applications so each student interested can have one to read and take home to share with their parents. Be prepared to answer any questions that may arise.

After explaining the Florida Youth Law Cadet Academy and its purpose, explain to the representative at the high school that you would like a list of students that meet the following criteria:

- Males or Females between the ages of 16 and 18.
- Outstanding qualities of leadership, character, scholarship, loyalty and service to their schools and community should be considered.
- An interest in law enforcement as a profession.
- Have a good academic standing.
- The prospective Cadet and their parents must be residents of the state of Florida or have residency of record in Florida (military families).
- Willing to abide by the rules and safety regulations of the program.

Make sure you inform the school of the following:

- Posts will interview students and make their selections based on the interview and other criteria such as a resume or written assignment.



# Interviews

After the school has submitted its recommendations, with the applications filled out for each student, set up an interview date. You should have a committee of at least three persons to help with this process. **Remember, you, NOT THE SCHOOL, need to select your cadet.**

The face-to-face interview, along with the application, should help you determine if this is the kind of student who has the necessary qualities to represent their school, community, and your Post.

When interviewing young adults, we must be careful on what is said and asked during the interviews. Here are some Do's and Don'ts to how the interview should be conducted:

## Do's

- You should let him or her know there are **NO** religious requirements, but the Legion tradition of God and Country will be followed.
  - There will be prayers and a memorial service in which the name of God will be used.

## Don'ts

It is the Department Chairman's policy that the following line of questioning is inappropriate and should **NOT** be used to determine consideration for attending the Youth Law Cadet Academy:

- Discussing personal information.
  - Religion.
  - Race.
  - Color.
  - National Origin.
  - Birthplace.
  - Disabilities/ Health.
- Parents' economic status and neighborhood residence.

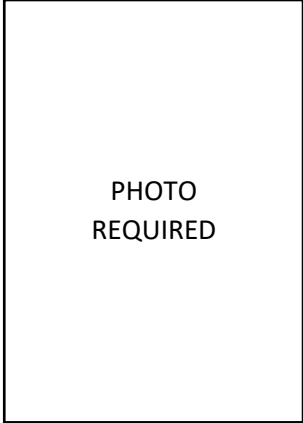
# **Florida Youth Law Cadet Academy Application**

*Florida American Legion Youth Law Cadet Academy, July 10-15, 2022*

The Florida Youth Law Cadet Academy is sponsored by the American Legion, Department of Florida in cooperation with the Florida Highway Patrol.

Please return this application with ALL fees, completed health forms, ID photo, and all permission forms to **Dept. Youth Law Cadet Chairman, Bob Brewster 2872 Circle Ridge Drive Orange Park, FL 32065**

*Note: Only **completed** applications will be accepted*



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

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

City State Zip Code

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size (based off of adult sizes): \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Emergency Contact Information:

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

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

Name of High School: \_\_\_\_\_

Name of Hometown Newspaper: \_\_\_\_\_

List leadership activities in your school and community along with positions you have held in each activity, e.g., VP of student government, secretary of honor society, first chair in horn section in band, captain of soccer team, assistant editor of newspaper/yearbook, assistant patrol leader in Boy Scouts, VP of youth group at church, etc.:

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# Youth Law Cadet Academy Health and Medical Record

## **Part A**

### **GENERAL INFORMATION:**

F/ L Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

City: \_\_\_\_\_ State: Florida Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Health/ Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Attach a Photocopy of BOTH sides of Insurance Card. If Family has NO Medical Insurance, write "NONE."**

### **In case of emergency, notify:**

F/ L Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### **MEDICAL HISTORY:**

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (High Blood Pressure)	
		Heart Disease (i.e., CHF, CAD, MI)	
		Stroke/ TIA	
		COPD	
		Ear/ Sinus Problems	
		Muscular/ Skeletal condition	
		Menstrual Problems	
		Psychiatric/ Psychological and emotional difficulties	
		Learning Disorders (i.e., ADHD, ADD)	
		Bleeding Disorders	
		Fainting Spells	
		Thyroid Disease	
		Kidney Disease	
		Sickle Cell Disease	
		Seizures	
		Sleep Disorders (i.e., sleep apnea)	
		GI Problems (i.e., abdominal, digestive)	
		Surgery	
		Severe Injury	
		Other	

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

DOB: \_\_\_\_\_ Page 2 of 3

**ALLERGIES OR REACTION TO:**

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

**IMMUNIZATIONS:**

The following are recommended. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Immunization	Date
		Tetanus	
		Pertussis	
		Diphtheria	
		Measles	
		Mumps	
		Rubella	
		Polio	
		Chicken Pox	
		Hepatitis A	
		Hepatitis B	
		Influenza	
		Other (i.e., HIB)	
		Exemption to immunizations claimed	

**MEDICATIONS:**

List all medications currently used. (If additional space is needed, please attach list to application.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ Distribution approved by: _____ Parent Initials / _____ MD/DO, NP, or PA Initials Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ Distribution approved by: _____ Parent Initials / _____ MD/DO, NP, or PA Initials Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ Distribution approved by: _____ Parent Initials / _____ MD/DO, NP, or PA Initials Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ Distribution approved by: _____ Parent Initials / _____ MD/DO, NP, or PA Initials Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ Distribution approved by: _____ Parent Initials / _____ MD/DO, NP, or PA Initials Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication: _____ Strength: _____ Frequency: _____ Approx. date started: _____ Reason for medication: _____ Distribution approved by: _____ Parent Initials / _____ MD/DO, NP, or PA Initials Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.** 9

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

DOB: \_\_\_\_\_ Page 3 of 3

**Part B**

**PHYSICAL EXAMINATION:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (Both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal Hernia			Explain
Emotional Adjustment				Medical Equipment (i.e., CPAP, oxygen)			
Tuberculosis	Negative <input type="checkbox"/>		Positive <input type="checkbox"/>				

**Allergies (to what agent, type of reaction, treatment):** \_\_\_\_\_

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

Hiking & Camping	Competitive activities	Backpacking	Swimming/ water activities	Climbing/ rappelling
Sports	Running	Scuba Diving	Exercise	Challenge (Ropes) course
Hot-weather activity	Wilderness/ backcountry treks			

Specify restrictions (if none, so state): \_\_\_\_\_

**Certified and licensed health-care providers recognized to perform this exam include physicians (MD, DO), nurse practitioners, and physician’s assistants.**

To Health Care Provider: Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension
- Uncontrolled psychiatric disorders
- Poorly controlled diabetes
- Orthopedic injuries not cleared by a physician
- Newly diagnosed seizure events (within 6 months)
- For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name: \_\_\_\_\_

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

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

City, state, zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Date: \_\_\_\_\_

# DEPARTMENT OF FLORIDA YOUTH LAW CADET ACADEMY

## PERMISSION TO PARTICPATE

If over eighteen, I agree to participate in all activities involved in The American Legion Youth Law Cadet Academy to include:

- Exercises
- Sports
- Defense Tactics
- Driving course, Firearms and any other activities of the program all of which will be supervised by certified personnel in that field

**Cadet Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cadet Name Printed: \_\_\_\_\_

**Post Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Post Sponsor Name Printed: \_\_\_\_\_

Or if under eighteen, I do hereby give permission for my son or daughter or legal ward to participate in all activities involved in The American Legion Youth Law Cadet Academy to include:

- Exercises
- Sports
- Defense Tactics
- Driving course, Firearms and any other activities of the program all of which will be supervised by certified personnel in that field

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

Parent/Guardian Name Printed: \_\_\_\_\_

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

**Post Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Post Sponsor Name Printed: \_\_\_\_\_

DEPARTMENT OF FLORIDA YOUTH LAW CADET ACADEMY

**RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration for being allowed to participate voluntarily in The American Legion Youth Law Cadet Academy, I hereby release the Florida Highway Patrol and The American Legion, Department of Florida from any and all liabilities or claims arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting any person or property that may occur from any cause whatsoever as a result of taking part in this activity.

Signature of Cadet (age 18): \_\_\_\_\_

Date: \_\_\_\_\_

FOR MINOR CHILD:

I, \_\_\_\_\_, parent/legal guardian of the above said minor child, consent to his or her taking part in this moral support activity. I will abide by the above.

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

Date: \_\_\_\_\_