

THE AMERICAN LEGION

Department of Florida



CHAIRMAN'S MANUAL

2024

2023-2024

District Youth Law Cadet Chairmen

Department Chairman

Bud Boyer
609-846-4221
YouthLawCadet@legionmail.org

1st District

Shelby Windham
850-305-3635
District1@legionmail.org

2nd District

Doyle Combs
931-982-4000
District2@legionmail.org

3rd District

Stuart Scott
850-443-8769
District3@legionmail.org

4th District

Bruce Gonseth
352-362-9469
firewlf1860@gmail.com

5th District

Robert Brewster
904-635-4492
mr.bobbrewster@gmail.com

6th District

Wade Foster
617-347-7645
wadefoster70@yahoo.com

7th District

Rick Orzechowski
863-838-7000
District7@legionmail.org

8th District

John Rauh
239-440-2505
District8@legionmail.org

9th District

Rico Thomas
954-822-0897
District9@legionmail.org

11th District

Toni Sutherland
573-823-7963
District11@legionmail.org

12th District

Bruce Thurber
321-750-1067
District12@legionmail.org

13th District

Carl Saitta
239-458-1008
msgsaitta@gmail.com

14th District

Thomas Frank
305-302-9618
District14@legionmail.org

15th District

Jess Scoggins
813-857-3483
jrtampa@icloud.com

16th District

Bob Hardacre
727-484-4991
rvhardacre@gmail.com

17th District

Jim Bowers
407-484-6020
District17@legionmail.org

Table of Contents

What is Florida Youth Law Cadet Academy?	1
Student Qualifications	1
Important Dates to Remember	2
Overview of Chairman Responsibilities	3
Cadet Fee	4
Submitting Post Checks.....	4
Selection Process	5
Conducting Interviews	6
Application	7
Health & Medical Record Form.....	8-10
Permission to Participate Form	11
Release and Hold Harmless Agreement.....	12

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, 2024.
- 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 2024

- **February 1, 2024**
 - **Start sending in Post Sponsorship money of \$500.00 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:**
 - **The Department of Florida, ATTN Youth Law Cadet
P.O. Box 547859 Orlando, FL 32854**
 - **June 1, 2024 ****DUE DATE******
 - **ALL Fees, Applications, and Paperwork are due**
 - **Sunday, July 7***– Cadets arrive at the Florida Highway Patrol Academy between **4:00 P.M. – 5:00 P.M.** for registration.
 - **Friday, July 12*** – Cadets depart at **12:30 PM** to head back home.
-

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**

***NOTE: These dates are subject to change based on availability at the Florida Highway Patrol Academy. Posts and District Chairs will be notified of any changes via email as soon as possible.**

Overview of Chairman Responsibilities

1. **Decide on whether or not your Post will sponsor 1 or 2 cadets.**
 - Please keep in mind only 32 cadets out of the whole state of Florida will be able to attend the program.
2. **Contact the high schools and career centers 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. **Contact your local Police Department and Sheriff's Office.**
 - Get the name of a specific contact person (head of youth outreach).
 - Set up an appointment to explain the Youth Law Cadet Academy and the department's or office's role in the selection process.
 - Give your contact person copies of the Youth Law Cadet Academy brochures, applications, and additional paperwork.

*Police & Sheriff contacts **DO NOT** interview the boys and girls. Interviews are the responsibility of your Post.*
4. **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.**
5. **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 by June 1, 2024.**
6. **Keep in touch with the Program Chair & Department.**
 - If there are any problems, questions, or concerns please notify:
 - Department Youth Law Cadet Chair Bud Boyer
 - 609-846-4221
 - youthlawcadet@legionmail.org
 - Department Programs Director Bekki Boarman
 - 800-393-3378 ext. 235

- bboarman@floridalegion.org

7. **Stay in contact with your cadet(s).**
 - Make sure that they do not have any problems or questions.
8. **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 **\$500.00** 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:

The Department of Florida
ATTN: Youth Law Cadet
P.O. Box 547859 Orlando, FL 32854

PAYMENT DEADLINE FOR CHECKS & APPLICATIONS:

June 1st, 2024

(Transportation and other costs are handled through the Post)

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:

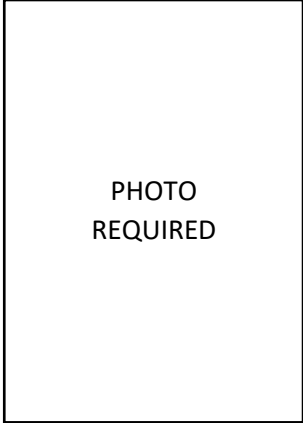
- Discussing personal information.
 - Religion.
 - Race.
 - Color.
 - National Origin.
 - Birthplace.
 - Disabilities/ Health.
- Parents' economic status and neighborhood residence.

Florida Youth Law Cadet Academy Application

Florida American Legion Youth Law Cadet Academy, 7-12 JULY 2024

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 **The Department of Florida, ATTN: Youth Law Cadet, P.O. Box 547859 Orlando, FL 32854**



*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.:

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: _____