

CRIMESTOPPERS



Crimestoppers, Inc.
P.O. Box 55249
Metairie, LA 70055
www.crimestoppersgno.org

Teen Ambassadors Against Crime 2024/2025 Application

Application Deadline is December 1, 2024

-- PRINT NEATLY IN BLUE OR BLACK INK OR TYPE --
-- PLEASE ATTACH A CURRENT PHOTO OF THE STUDENT TO THIS APPLICATION --
Parent or Guardian and School Representative signatures must be present in order for this form to be processed.

STUDENT INFORMATION

Last Name		First Name		Middle Name							
Suffix (Jr., II, etc.)	Preferred Name Nickname			Date of Birth MM/DD/YY							
Mailing Street Address											
City		State	Zip Code		Parish						
Student Gender (please circle):		Male	Female	T-shirt Size (adult sizes):		XS	S	M	L	XL	2XL
Home Telephone ()			Student's Cell Phone ()								
Primary Email Address				Secondary Email Address							

SCHOOL INFORMATION

SCHOOL Currently Attending		Year of Graduation Or Grade Level	
Student Recommended/Endorsed by (Administrator's/ Liaison's Name):			

PARENT/GUARDIAN INFORMATION

Mother or Parent/ Guardian Name		Mother/Guardian Telephone (i.e. Cell) ()	
Employer		Mother/Guardian Email Address:	
Father or Parent/ Guardian Name		Father/Guardian Telephone (i.e. Cell) ()	
Employer		Father/Guardian Email Address:	
Parent/Guardian Address:		Parent/Guardian Child Resides With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

Student Questions

Please answer the following questions in the space provided. Attach an additional page if necessary.

1. Describe how you believe teens can make a difference in crime prevention. _____

2. Please describe your interest in Teen Ambassadors Against Crime Leadership Program. _____

3. What do you hope to gain from your involvement as a Teen Ambassador Against Crime? _____

4. What talents, expertise, or other skills would you bring to the Ambassador group? _____

5. What leadership or other skills do you have to enable you to bring what you learn as an Ambassador back to your school? _____

6. Are you involved in any other programs at school or in the community? Please describe. _____

7. What are your future career plans? _____

Media Release

I, as the parent or legal guardian of _____ consent and agree, to the following terms and provisions regarding the Media and the above named minor child.
Please Print name of person photographed or recorded

Crimestoppers, its nominees, agents and assignees, have unlimited permission to use publish and republish for purposes of advertising, trade or any other lawful use, information about the above named minor and reproductions of their likeness (photographic or otherwise) and recorded voice whether or not related to any affiliation with Crimestoppers with or without their name.

PLEASE PRINT NAME PARENT/GUARDIAN	RELATIONSHIP TO MINOR
SIGNATURE PARENT/ GUARDAIN	DATE

Medical Release

By signing this application, I the Parent/ Guardian of _____ agree not to hold
Name of Minor Child

Crimestoppers and its agents responsible for any necessary actions taken in an effort to maintain my child's health and well being. I understand that if medical treatment is deemed necessary every attempt will be made to contact the parent/guardian and emergency contact listed prior to any actions being taken. I assume responsibility for any medical and/or transportation bills incurred by my child/ward in route to or at a medical facility. I authorize in my absence the following in the event of a medical emergency involving my child:

- Necessary First Aid and/or CPR
- Authorization to transport and admit my child to the hospital should that need arise.
- Authorization for any medical procedure deemed medically necessary by medical professionals.
- Authorization for the child's release from medical care in the event that I can not be contacted.

All information requested below is **VOLUNTARY**. This information will only be used in the event of a medical emergency and is held **CONFIDENTIALLY**.

Any pre-existing Health Conditions or Health related restrictions/ limitations:

Known Allergies:

Please list any medications:

Emergency Contact

In the event of an emergency, please list the following information of someone to contact if we are unable to reach the parent(s) or guardian(s) listed above.

Emergency Contact (other than a parent) Name	Relationship To Teen Ambassador
Phone Number ()	Alternate Telephone (i.e. Work, Cell) ()

Crimestoppers Mission

Crimestoppers is a non-profit organization. Our primary goal is to provide citizens with a way to assist law enforcement to apprehend criminals and to make our community a safer place to live. Crimestoppers is run by civilians, not law enforcement. When you call Crimestoppers, you never fill out a police report or testify in court. We work closely with law enforcement by passing on information callers give us through the tipline. But Crimestoppers itself does not investigate crimes and does not prosecute criminals. We are the connection between community residents who want to fight against crime without having their identity revealed, and law enforcement, which needs community cooperation to effectively prosecute criminals and stop crime.

Teen Ambassador Against Crime Signed Commitment

I understand that I must abide by the rules and regulations of Crimestoppers and any other institution to which I am assigned or visit as a part of the Teen Ambassadors Against Crime Program. I understand that I am expected to be present at all meetings and activities including the opening orientation, and agree not to miss more than two meetings during the duration of the school year. I understand that I am a representative of Crimestoppers at all times; I will represent this organization in a positive manner, this means performing my duties in a courteous manner, unselfishly and to the best of my ability. As an Ambassador, I recognize and will be committed to the prevention and solving of crime in my community.

Teen Ambassador Signature: _____ Date: _____

Parental Consent

My child/ward has my permission to participate as a Crimestoppers Teen Ambassador Against Crime. I make the commitment to support my child/ward in this activity whenever possible, including attending meetings and activities. I understand that my child/ward is participating in this program at no cost to my family or the school. I hereby do release and discharge, Crimestoppers, its assignees, officers, agents, employees, and officials and their successors from any and all liability that may be received by my minor child/ward: from all claims and demands to personal property growing out of or resulting from my child/ward's participation in Crimestoppers activities, except where the same is caused by the willful misconduct of the foregoing. My signature below authorizes the above Media and Medical Releases.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

School Representative Endorsement

The above named student has school permission to participate in the Crimestoppers Teen Ambassador Against Crime Leadership Program. As a representative of the student's school, I make the commitment to support the student in this activity whenever possible, including excusing the student from his/her classes to attend meetings and activities which may occur during school hours. The school will support the student and his/her service learning project, including an end-of-the-year activity designed to share the information he/she has learned through involvement with the Crimestoppers Teen Ambassadors Against Crime Program. I understand that this student is participating in this program at no cost or financial benefit to the school, and agree to allow the student to use Ambassador service hour project to count toward community service or volunteer hours required by the school.

School Representative: _____ Date: _____

Printed Name: _____ Title: _____

Email: _____

Parent or Guardian Signatures and School Representative Endorsement
must be present in order for paperwork to be processed.