

CRIMESTOPPERS

Teen Ambassadors Against Crime

LEADERSHIP PROGRAM

What is TAAC?

Crimestoppers Teen Ambassadors Against Crime (TAAC) Leadership Program helps students gain a better understanding of the criminal justice arena as a possible career choice and the role that students can play in community safety. Our goal is to help students engage with law enforcement and other community partners to become empowered to serve as crime prevention role models for their peers, and help groom them as future leaders who will make positive impacts in our community. Graduates of our program have earned internships and gone on to become police officers, worked in law firms, majored in criminal justice, and become employees of Crimestoppers.

Why should you become a member of TAAC?

- network with other high school students from various schools and parishes
- make a difference in stopping crime
- engage in meaningful discussions concerning crime and crime prevention
- see first-hand how the criminal justice system works on the federal, state, and local levels
- learn leadership skills through games and fun activities
- voice concerns and ask questions to community leaders about safety, crime, and more
- earn service hours through our annual service project and other events Crimestoppers will host
- participate in possible internships with Crimestoppers and other organizations
- possibly recognized in local media including television, radio, and social media
- an opportunity to earn prizes and scholarships
- become a future mentor for the TAAC program telling the students about your experience as a former TAAC Member

Requirements

- high school students with good academic standing with his or her school
- teens must participate in 70% of planned activities
- must have an interest in crime, crime prevention, public safety, law enforcement, public service, and other aspects of the criminal justice system or may have someone who was in their family/friend who was a victim of a violent crime
- must be able to participate in bi-monthly meetings with your own transportation or carpool system which are held on a week day after school and a Saturday every month until May 2020.
- must be considered a leader among peers
- must be mature in order to interact with community leaders professionally
- must be able to communicate effectively to peers and adults
- must keep commitments made to TAAC organization



TAAC in the courtroom for a Mock Trial session.



TAAC Members completing a team building exercise.

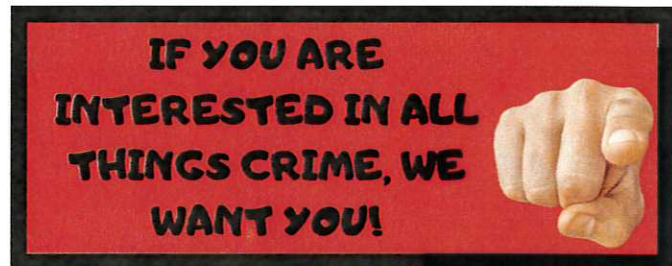


Shametria Gonzales speaking to TAAC Members at the New Orleans Family Justice Center.

Sites & Meetings

Students will have the opportunity to participate in a series of site visits and engage in dialogue with community resources properly dressed in a school uniform or TAAC t-shirt while wearing a TAAC name tag. Some meetings are held at the Crimestoppers office, and some meetings will be held at possible sites. Meetings, site visits, and speakers in the past included:

- New Orleans Police Department-Homicide Unit
- Family Justice Center to learn about dating violence and abuse
- Courtroom procedures including judges and district lawyers
- Mock Trial in a real courtroom
- Meet with media professionals to discuss the ethics of reporting crime
- Meeting with U.S. Marshals to learn about fugitive apprehensions
- Visit the Real Time Crime Center to learn about crime cameras sites
- Visit the Orleans Parish Jail
- Visit the Jefferson Parish Crime Lab
- Visit the Special Operations Department to learn about the SWAT Team, Canine Unit, and DWI/Traffic Patrol
- Meeting with the public defenders, district attorney, homeland security, and D.E.A
- Visit the FBI
- And so much more!



TAAC meeting at NOPD Special Operations Unit.



Service Project at the New Orleans Mission.



TAAC Meeting at the Jefferson Parish Crime Lab.



TAAC meeting with US Marshals.

CRIMESTOPPERS

TEEN AMBASSADORS

AGAINST CRIME

LEADERSHIP PROGRAM

Mailing Address: P.O. Box 55249 Metairie Louisiana 70055-5249

Phone: (504) 837-TIPS Fax: (504) 832-2571 Email: tkiani@crimestoppersgno.org

Physical Address: 3300 Metairie Road Metairie, Louisiana 70001

Please fill out the application completely. Application can be faxed, scanned/emailed, mailed, dropped off to our office, or turned in to a designated school administrator. Please print neatly in blue or black ink.

Parent or guardian and school representative must sign form in order to be considered as a TAAC

Member. Applications are due by **August 30, 2019**. Please include a school picture.

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): Female		Male	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	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: _____

Media Release

I, as the parent or legal guardian of _____ consent and agree, to the following terms <small style="text-align: center;">Please Print name of person photographed or recorded</small>	
and provisions regarding the Media and the above named minor child. 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.	
PRINT NAME	RELATIONSHIP TO MINOR
PARENT/GUARDIAN SIGNATURE	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 cannot 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:

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. 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: _____

Parent/Guardian Printed Name: _____

Date: _____

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: _____