## **WCPA**

## **Mentor Application**



Experienced Police Chiefs may apply to serve as a mentor if they have a minimum of five (5) years experience as Chief or three (3) years as Chief and significant command experience. This application will be reviewed and approved by the WCPA Mentoring Committee. You will also be required to successfully complete Mentor Training offered and/or approved by the WCPA

and/or approved by the WCPA			
Information			
Name			
Department			
Address			
Work Phone			
Cell Phone			
E-Mail Address			
Department and Appoint	ment Information		
		_ Total years in Law Enforcement	
Number of Officers in Department – Full Time Part-Time Civilian		Part-Time Civilian	
Does your department have a	union?	<u> </u>	
Are you a current member of	the WCPA?		
How did you hear about the V	VCPA Mentoring Program	n?	
Areas of Expertise/Capak	oility		
Tell us in which areas you have	ve competence in assistin	g a new Police Chief:	
Budget and Finance			
Building / Remodeling Pr	ograms		
Collective Bargaining / Co	ontract / Union Issues		
Media Relations			
Personnel Issues/ Hiring/	Discipline etc.		
Police and Fire Commiss	ion Issues		
Political Issues (City Cou		Board)	
Purchasing of Vehicles/E Technology Issues (Com		S etc.)	
Police and Fire Commiss		, etc.,	
Political Issues (City Cou		Board)	
Other (please list)			

Education / Training			
Education	Degree		
Name of Command School	Attended (FBI NA, Northwestern SPSC, SPI, FBI LEEDS etc.) (If applicable)  Session/Dates		
Prior Instructor experience (	f applicable)		
Agreement and Signatur	re		
I hereby certify that the statements provided above are true and complete to the best of my knowledge.			
References. I authorize the WCPA Mentoring Committee to review information listed in this application that may have information relevant to my qualifications. I further authorize the WCPA Committee to investigate any pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information. I waive any right I might have to inspect, copy, or otherwise have access to any information that any contacted person may disclose about me.			
Confidentiality. As a mentor participating in the WCPA Mentoring Program, I agree not to divulge to any other person, firm, or entity outside of this program, or in any way use for personal benefit, or that of another, any personal and sensitive information obtained from the new chief, which the new chief asks me to keep confidential, with whom I am matched during the Mentoring Program. I agree regardless of efforts to maintain confidentiality, a court, legislative or enforcement agency, or as required by applicable law, may compel disclosure of certain information, regardless of the parties' agreement to treat it confidentially.			

## **Questions about the program and Application Submission**

The point of contact for the WCPA New Chief's Mentoring Program is the Committee Chairman;

Chief Kelly Bakken
Altoona Police Department
1904 Spooner Ave
Altoona, WI 54720
kbakken@wichiefs.org
kbakken@altoona-wi.gov
715-271-6682

Name (printed)
Signature
Date