

WCPA

Mentoring Program

Subject Matter Resource Application



Experienced Police professionals may apply to serve as a Subject Matter Resource in the WCPA Mentoring Program if they have an area of expertise and competence that could benefit Chiefs and Mentors. This application will be reviewed and approved by the WCPA Mentoring Committee.

Information

| | |
|----------------|--|
| Name | |
| Department | |
| Address | |
| Work Phone | |
| Cell Phone | |
| E-Mail Address | |

Department and Appointment Information

Current Position _____ Total years in Law Enforcement _____

Name of Chief _____ Immediate Supervisor _____

Are you a member of the WCPA? _____

Name of WCPA Member who can provide a reference for you _____

How did you hear about the WCPA Mentoring Program? _____

Areas of Expertise/Capability

Tell us in which areas you have competence and expertise in assisting a Police Chief and/or Mentor:

Education / Training

Education_____ Degree_____

Specialty Training_____

Prior Instructor experience (If applicable)_____

Agreement and Signature

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 authorize the WCPA to contact references 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 participant 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 chief, which the 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.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

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