



Reclaiming Our Youth Through Tribal Collaboration

TRAINING APPLICATION



Thank you for your interest in IACP's Juvenile Justice training in Indian Country. Please complete all parts of the application. IACP staff will respond to your application within two weeks of receipt. **Please note: Receipt of this training is a competitive process – IACP does not guarantee all requests can/will be accommodated.*

Part I: Applicant Information

Agency Name:		
Agency Address:		
City:	State:	Zip:
Contact Name/Title:		
Phone:	Fax:	
Email:		

Part II: Police Department Information

Police Department: _____ Tribal _____ BIA	Does agency have a unit dedicated to addressing juvenile issues/crime? _____ Yes _____ No
Sworn Personnel: _____	Population Served: _____
Chief:	Phone: _____

Part III: Tribe Information

Number of Members: _____	% Living on Reservation: _____
Reservation Square Mileage: _____	Est. Personnel Employed by Tribe: _____
Tribe Federal Recognized: Yes _____ No _____	Date: _____
Police Department (circle one): Tribal BIA	
Please briefly describe your tribe governance structure:	

Part IV: Agency Assessment/Narrative

1. What specific issues would you like to address through this training?

2. What do hope to achieve as a result?

3. Do you (or any agency) collect data for youth-related incidents:

a) Any law enforcement-related occurrence:

Arrest Y / N Prosecution Y / N Conviction Y / N Recidivism Y / N

b) Other:

Delinquency Y / N Gang Violence Y / N Substance Abuse Y / N

If you answered Yes for any of the above, please describe data collection method:

(written, computerized, source, reporting capability/availability, etc)

Can you provide data that would be used in this workshop? Y / N

4. Please describe any programs you have in place that serve youth in your community. Include the agency/department that initiated and/or runs the program:

5. Which agencies do you believe would participate in this workshop?

Part V: Authorization Signature

This workshop begins with a pre-training site visit conducted by IACP staff. During this two to three day visit, staff would meet with representatives from many participating agencies to gather data, discuss the workshop, and answer any questions. If your request is approved, a tribal representative would need to be assigned as liaison to IACP to assist in the planning and management of the visit.

Agency CEO signature is required for application to be considered.

Name (print):

Title:

Signature:

Date:

Please return to:

IACP, Attn: Sabrina Rhodes
 515 N. Washington Street
 Alexandria, VA 22314
PHONE: 1-800-THE-IACP X831
FAX: 703/684-5728
E-MAIL: juvenilejustice@theiacp.org

IACP Use Only

Date Request Received:	Date Completed:
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