**APPLICATION to ATTEND BASIC OR JUVENILE CORRECTIONS TRAINING PROGRAM**

*Only COMPLETED applications will be accepted.*

BCTP or J-BCTP Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location attending: \_\_\_\_**MCJA** \_\_\_\_**MCC** \_\_\_\_**MSP** \_\_\_\_**MVCF \_\_\_\_LCYDC**

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

DOB: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M □ F □

APPLICANT’S AGENCY EMAIL: (REQUIRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S TELEPHONE: (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SOCIAL SECURITY NUMBER: (REQUIRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT MUST COMPLETE THE FOLLOWING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, release the host agency and any other department/agency officially connected or associated with this training program from any liability in case of illness or accident.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY MUST COMPLETE THE FOLLOWING**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency Name) approves this applicant for training and releases the host agency and any other department/agency officially connected or associated with this training program from liability in case of illness or accident.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application check list:

\_\_\_\_\_\_\_\_ Signed & notarized background form. “YES” answers MUST include personal statement, copy of police report if any, and final disposition from court.

\_\_\_\_\_\_\_ MCJA Medical form signed by licensed medical professional.

\_\_\_\_\_\_\_Check box if **Lodging Required**

**Revised 4/23/2024**