AVENUES
Paving Career Pathways for Women in Law Enforcement

Application Packet

Application packets due Monday, May 22, 2023

Program Dates
Monday, July 17 - Friday, July 21, 2023

Hosted by Lehigh University Police Department
Program Purpose:
The purpose of this program is to provide an empowering and educational learning opportunity, through first-hand experience from professionals in different career avenues in law enforcement, to interested high school aged women. Based on the 2021 30x30 Initiative report, only 12 percent of police officers are women, and only 3 percent of these women hold leadership roles. The goal of the AVENUES program is to inspire more women to enter a career in law enforcement, bridging the statistical gap in the profession.

Application Submission Checklist
Before submitting your application, be sure all of the following items are included.

☐ Program Application (pgs. 2-3)
☐ Character letter of recommendation (pg. 4)
☐ Letter of interest (pg. 4)
☐ Photo release form (pg. 5)
☐ Parent/Guardian agreement (pg. 6)
☐ Transportation form (pg. 7)

Application packets can be submitted via mail, in person, or via email.

Mail or drop off completed application packets to:
Ofc. Jaime Leauber
Lehigh University Police Department
321 E. Packer Ave
Bethlehem, PA 18015

Email completed application packets to:
Ofc. Jaime Leauber
jrl417@lehigh.edu
AVENUES Program Application
Hosted by Lehigh University Police Department

Student Information

Student First & Last Name ____________________________________________

Physical Address __________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone Number _______________________ Email Address ___________________

Birth Date ___________ Age _______ Ethnicity (Optional)_________________

Grade Level (2023-2024) ______ School Name ____________________________

Parent/Legal Guardian Information

Name ____________________________ Relationship to Student _______________

Phone (Day) ______________________ (Cell) ____________________________ (Eve) __________________=

Email Address ______________________________

Sign Out Information

Safety is top priority to LUPD; therefore, no student enrolled will be released without a parent/guardian signature or one of the two individuals listed below if the parent/guardian cannot be reached. (Note: The individuals listed below must be someone 18 years or older.)

Name _________________ Phone _________________ Relationship _______________

Name _________________ Phone _________________ Relationship _______________
## Emergency Information

Applicant’s Physician ___________________________ Phone ___________________________

Address ______________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Medical Insurance Carrier ___________________________ ID# ___________________________

Preferred hospital in event of an emergency ___________________________________________

Are there any medical, family circumstances or cultural requirements of which the LUPD Staff should be aware of? Include all known allergies.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Current Medications: ________________________________________________________________

In the event of sickness, the student’s parent/guardian will be contacted. If it is determined the student is too sick to continue for the duration of the day’s events, the student will need to be picked up by their parent/guardian or emergency contact.

__________________________________________________________________________________

**MEDICAL RELEASE/PERMISSION**

Participant is in good physical condition and has not had any serious illness or surgery since their last health examination. In case of an emergency, when I cannot be reached, I give permission for my child to be treated by a qualified physician and/or at the nearest hospital.

Print Name of Parent/ Guardian ______________________________________________________

Parent/Guardian Signature __________________________________________________________
Character Reference

Please provide a character reference. The person must be affiliated with your high school. (Example: school counselor, teacher, school resource officer). A letter of recommendation from the individual named below must be included with this application.

Name_________________________________ Relationship_________________________________

Phone_______________________________ Email________________________________________

Letter of Interest

Please provide a letter of interest stating why you are interested in this program and why you would be an ideal candidate for the program. 1 page minimum - submit with application packet
Photo Release Form

I hereby grant permission to Lehigh University and Lehigh University Police Department to use photographs and/or videos of my child ________________________________ taken while participating in the AVENUES Program. These photographs and/or videos can be used in program promotional materials, department publications, social media campaigns, and other communications related to the AVENUES Program and the Lehigh University Police Department.

Print Name of Parent/Guardian ____________________________________________

Parent/Guardian Signature _______________________________________________
Parent/Guardian Agreements

Please read the following information carefully. Initial each statement indicating you have read and understand. A parent or guardian signature is required as well at the bottom of this page.

Basic Information, Rules and Requirements

_______ Enrollment: Enrollment is limited. Our hope is to have enough room for all students wishing to participate in our AVENUES Program; however, we cannot guarantee acceptance for all applicants. All applicants will receive notification of their acceptance or denial in the program.

_______ Attendance: Students must attend the program Monday - Friday. Regular attendance is mandatory. Participants are expected to stay for the entire duration of the AVENUES Program each day. If a student is absent, written or verbal notification must be submitted or communicated to the LUPD Staff the next program day.

_______ Student Pick-Up: Children participating in the AVENUES Program must be signed out by you or someone designated on the registration form (designated person must be 18 years of age and on registration form).

_______ Discipline: Participation in the AVENUES Program is a privilege. All students must follow the rules of the program. Disruptive or disrespectful behavior towards other students or staff is cause for dismissal from the program.

_______ Dress Code: All participants of the AVENUES program will be provided attire to be worn while participating in the program. It is the responsibility of the participant to be dressed appropriately each day. Participants are required to provide their own footwear.

I have read and understand all the information above on this AVENUES Program agreement and I give permission for my child ________________________________ to attend the AVENUES Program. All the information in my child’s AVENUES application form is accurate and complete. I agree to follow the rules of the program and to help my child understand and follow the rules.

Print Name of Parent/ Guardian ______________________________

Parent/Guardian Signature ______________________________
Transportation

Each day’s session will begin and end at Lehigh University Police Department, located at 321 E. Packer Ave, Bethlehem, PA 18015. It is the responsibility of the child’s parent or guardian to ensure that the child has a mode of transportation to and from the program each day. Indicate below how your child will be transported (initial next to selection)

_____ walk
_____ drive
_____ be driven to program by parent or guardian

*Special consideration will be made on a case-by-case basis if a child is in need of a ride to and from the program. Contact Ofc. Jaime Leauber to discuss possible options.*

Participants will be traveling to numerous locations across the Lehigh Valley throughout the course of the week to visit police agencies. Participants will also be traveling to the PA State Police Academy in Hershey, PA. Transportation will be provided by the Lehigh University Police Department.

**TRANSPORTATION PERMISSION**

My child _____________________ has my permission to participate in off-site activities. Participant may also be transported to medical facilities if the need arises.

Print Name of Parent/ Guardian ______________________________________________________________

Parent/Guardian Signature _________________________________________________________________