WHAT IS TAAC?

TEEN AMBASSADORS AGAINST CRIME LEADERSHIP PROGRAM

CRIMESTOPPERS' TEEN AMBASSADORS AGAINST CRIME LEADERSHIP PROGRAM

helps students gain a better understanding of the criminal justice arena, including the role that students can and do play in community safety. Our goal is to help students engage law enforcement and other community partners, and to become empowered to serve as crime prevention role models for their peers and other teens in their community.

The TAAC Leadership Program educates students about the costs and consequences of crime, both in personal loss as well as economic, their rights and responsibilities as citizens, and their ability to bring about meaningful change through advocacy and service.

WHY JOIN TAAC?

- MEET LIKE-MINDED PEERS FROM OTHER HIGH SCHOOLS AND PARISHES
- VOICE CONCERNS TO COMMUNITY LEADERS
- LEARN VIOLENCE PREVENTION AND CONFLICT RESOLUTION SKILLS
- COMPETE FOR SCHOLARSHIPS AND OTHER PRIZES, AND TO SERVE AS MENTORS FOR FUTURE PROGRAMS

JOIN TAAC IF YOU...

- Are a High school students with good academic standing from our specific parishes
- Have an interest in crime prevention, public safety, law enforcement, public service, and other aspects of criminal justice
- Want to serve as a representative for Crimestoppers in their schools and the community
- Are comfortable with public speaking
- Are interested in gaining experience interacting with community leaders
- Have your own transportation OR can set up a carpool with fellow students
- Are responsible, able to keep commitments, and have the maturity necessary to interact professionally with community leaders
- Have had some leadership experience, are viewed as leaders by your peers, or have the potential to be a leader

Teen Ambassadors are eligible, upon acceptance by their school, to receive credit for community service or volunteer hours for their participation in the development and completion of a TAAC service learning project. Students interested in earning additional community service hours for school or other credit can help at Crimestoppers events.

EXPECTATIONS OF AMBASSADORS

MEETING & ACTIVITY ATTENDANCE

To receive the maximum benefit and ensure the group's productivity and success, it is important for Teen Ambassadors Against Crime to attend every session of the program. We understand that at times there may be other prior commitments that occur, but we ask that students check the TAAC schedule against their own schedule to minimize conflicts and ensure their participation in meetings and other program activities. Students selected as TAAC members are expected to attend at LEAST 80% of the meetings over the course of the session.

We hold approximately 2-3 meetings per month, one after school on a weekday and one on a Saturday morning. Many of the meetings will be held at our Metairie Office. Weekday afternoon meetings will run 4 p.m. - 5:30 p.m. on either Monday or Wednesday. Mandatory orientation will be held Saturday, November 8th. Saturday meetings will have varying start and end times depending on the destination and activity, but will generally run from 10 a.m.–1 p.m. Snacks will be provided. Meeting times may change by agreement of the majority of youth participants and Crimestoppers staff.

GRADES & ACADEMIC STANDING

Students must maintain good academic standing with their school (eligible to participate in extracurricular activities). Because students may need to miss a small amount of their normal class time, we ask that a school administrator/contact person verify the student's standing; emails or phone calls will be made mid-semester.

DRESS CODE

Students are expected to dress professionally or wear their school uniforms or TAAC shirt at all times (unless advised in advance otherwise). School uniforms are considered acceptable attire. Unacceptable attire includes jeans with holes, short shorts, revealing clothing of any kind (including low-cut blouses or sagging pants that expose undergarments), too-tight clothing, and flip flops.

ELEMENTS OF THE PROGRAM

The TAAC program includes a series of highly interactive hands-on educational sessions, designed to teach you how to examine violence and law-related issues in the context of your schools and communities and how to apply what you learn to real-life circumstances. You will learn about different types of crime, the costs and consequences of crime, how crime affects communities, and what community prevention programs and services are available to you.

Through service learning projects, teens work together to assess the community's needs, set goals, plan and execute a project, and reflect on the process. Ambassadors may be featured in a Safe Schools LA app promotional videos used during school visits and on social media.

TEEN AMBASSADORS AGAINST CRIME

APPLICATION

WWW.SAFESCHOOLSLA.COM
WWW.CRIMESTOPPERSGNO.ORG
PHONE : (504) 837-8477

CRIMESTOPPERS, INC.
P.O. BOX 55249
METAIRIE, LA 70055

APPLICATION DEADLINE IS DECEMBER 19TH

Applications can be mailed or scanned to
tkiani@crimestoppersgno.org

Print Neatly in Blue or Black ink.

Last Name	First Name	Middle Name
Suffix (Jr., II, etc.)	Preferred Name / Nickname	Date of Birth
Mailing Street Address		
City	State	Zip Code	Parish
Student Gender (please circle): Male Female	T-shirt Size (adult sizes): XS S M L XL 2XL	
Home Telephone	Student's Cell Phone	
Primary Email Address	Secondary Email	

SCHOOL Currently Attending	Grade Level
Student Recommended/Endorsed by (Administrator's/ Liaison's Name):	

Parent #1 /Guardian #1 Name	Cell Phone # :
Employer	Email Address:

Parent #2 /Guardian #2 Name	Cell Phone # :
Employer	Email Address:

Parent/Guardian Address:	Parent/Guardian Child Resides With: Mother Father Other: _____

Please Attach a Current Photo of the Student to this Application.

TEEN AMBASSADORS AGAINST CRIME

STUDENT QUESTIONS

Please answer the following questions in the space provided.
Attach an additional page if necessary.

1. WHY SHOULD YOU BE SELECTED AS A TEEN AMBASSADOR AGAINST CRIME?

_____

_____

_____

_____

_____

2. WHAT CAN YOU BRING TO THE TEEN AMBASSADOR AGAINST CRIME LEADERSHIP PROGRAM?

_____

_____

_____

_____

_____

3. LIST LEADERSHIP EXPERIENCE.

_____

_____

_____

_____

_____

4. WHAT WOULD YOU LIKE TO LEARN IN OUR PROGRAM?

_____

_____

_____

_____

_____

CRIMESTOPPERS MISSION

Crimestoppers is a non-profit organization. Our primary goal is to provide citizens with a way to assist law enforcement to apprehend criminals and to make our community a safer place to live. Crimestoppers is run by civilians, not law enforcement. When you call Crimestoppers, you never fill out a police report or testify in court. We work closely with law enforcement by passing on information callers give us through the tipline. But Crimestoppers itself does not investigate crimes and does not prosecute criminals. We are the connection between community residents who want to fight against crime without having their identity revealed, and law enforcement, which needs community cooperation to effectively prosecute criminals and stop crime.

The Crimestoppers Safe Schools LA app provides students and teachers a secure method of reporting crime in and around schools. The information given is anonymous and callers whose information leads to an arrest or other disciplinary action are eligible for a reward. Presentations offered to the middle and high school students provide information on how to prevent and report crimes such as bullying, fights, drugs, weapons, etc.

MEDIA RELEASE

I, as the parent or legal guardian of

_____ consent and agree, to the following terms and

Please Print name of person photographed or recorded

provisions regarding the Media and the above named minor child.

Crimestoppers, its nominees, agents and assignees, have unlimited permission to use publish and republish for purposes of advertising, trade or any other lawful use, information about the above named minor and reproductions of their likeness (photographic or otherwise) and recorded voice whether or not related to any affiliation with Crimestoppers with or without their name.

PLEASE PRINT NAME PARENT/GUARDIAN	RELATIONSHIP TO MINOR
SIGNATURE PARENT/ GUARDAIN	DATE

MEDICAL RELEASE

By signing this application, I the Parent/ Guardian of_____ agree not to hold Crimestoppers and its agents responsible for any necessary actions taken in an effort to maintain my child's health and well being. I understand that if medical treatment is deemed necessary every attempt will be made to contact the parent/guardian and emergency contact listed prior to any actions being taken. I assume responsibility for any medical and/or transportation bills incurred by my child/ward in route to or at a medical facility. I authorize in my absence the following in the event of a medical emergency involving my child:

- Necessary First Aid and/or CPR
- Authorization to transport and admit my child to the hospital should that need arise.
- Authorization for any medical procedure deemed medically necessary by medical professionals.
- Authorization for the child's release from medical care in the event that I can not be contacted.

All information requested below is VOLUNTARY. This information will only be used in the event of a medical emergency and is held CONFIDENTIALLY.
Any pre-existing Health Conditions or Health related restrictions/ limitations:

_____
Known Allergies:

_____
Please list any medications:

_____

EMERGENCY CONTACT

Parent or Guardian and School Representative signatures must be present in order for this form to be processed.

Emergency Contact (other than a parent)	Relationship To Teen Ambassador
Phone Number ( )	Alternate Telephone (i.e. Work, Cell) ( )

The TAAC program follows a national model for teen involvement in criminal justice: the Teens, Crime, and the Community "Community Works" program by the National Crime Prevention Council. Sessions encourage young people to analyze situations, exercise reason and critical thinking skills, effectively communicate ideas, and exhibit positive behaviors. The students will be provided the opportunity to participate in a mock trial to better understand the criminal justice process.

Students will be selected for participation by their school administration or may submit an application directly to Crimestoppers but will need the recommendation form signed by their school administration.

SCHOOL REPRESENTATIVE ENDORSEMENT

The previously named student has school permission to participate in the Crimestoppers Teen Ambassador Against Crime Leadership Program. As a representative of the student's school, I make the commitment to support the student in this activity whenever possible, including excusing the student from his/her classes to attend meetings and activities which may occur during school hours. The school will support the student and his/her service learning project, including an end-of-the-session activity designed to share the information he/she has learned though involvement with the Crimestoppers Teen Ambassadors Against Crime Program. I understand that this student is participating in this program at no cost or financial benefit to the school, and agree to allow the student to use Ambassador service hour project to count toward community service or volunteer hours required by the school.

Representative, Name and Title: _____

Signature: _____

Email: _____

Date: _____

PARENTAL CONSENT

My child/ward has my permission to participate as a Crimestoppers Teen Ambassador Against Crime. I make the commitment to support my child/ward in this activity whenever possible, including attending meetings and activities. I understand that my child/ward is participating in this program at no cost to my family or the school. I hereby do release and discharge, Crimestoppers, its assignees, officers, agents, employees, and officials and their successors from any and all liability that may be received by my minor child/ward: from all claims and demands to personal property growing out of or resulting from my child/ward's participation in Crimestoppers activities, except where the same is caused by the willful misconduct of the foregoing. My signature below authorizes the above Media and Medical Releases.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Parent or Guardian and School Representative signatures must be present in order for this form to be processed.