

Name:

School:

## FAIT Participation Checklist

In order to be considered for participation in the 2018 Future Agents In Training (FAIT) Academy, you must complete the enclosed paperwork.

**EACH** of the following forms must be **COMPLETED IN ITS ENTIRETY**,

**AND**

the **ORIGINAL DOCUMENTS** mailed to the Cleveland Division,  
postmarked **NO LATER THAN January 31, 2018.**

<p><b>FBI-Cleveland</b> <b>Attn: Youth Outreach - FAIT</b> <b>1501 Lakeside Avenue</b> <b>Cleveland, Ohio 44114</b></p>
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- Completed Application with Essay, and **only one** Letter of Recommendation
  - Student Participation Consent/Release Form
  - Student Photographs Consent/Release Form
  - Student Trip Consent/Release Form
  - Medical Treatment of Minors Consent Form
- } All Consent Forms **MUST** have an original signature from a Parent or Guardian
- 
- Shirt Size**  
Please circle below (Note: polo shirts are adult sizes)  
S      M      L      XL      XXL
  - Please attach a small (2x2), recent, color photo, taken in full-face view, facing the camera (similar to a passport photo, to be used for your photo I.D.)

### **Tips for success, when completing your application package:**

\* BE CERTAIN STUDENT MEETS **ALL** OF THE ELIGIBILITY CRITERIA

\* ESSAYS ARE USED TO SCORE YOUR APPLICATION, ANSWER THE QUESTION THOROUGHLY AND PROOFREAD YOUR WORK

\* SUBMIT ONLY **ONE** LETTER OF RECOMMENDATION, ON PLAIN PAPER, ACCOMPANYING YOUR APPLICATION

\* BE SURE YOUR APPLICATION IS COMPLETE -- APPLICATIONS WITH MISSING INFORMATION WILL NOT BE CONSIDERED

\* NO LATE SUBMISSIONS WILL BE ACCEPTED

Selections are made by an anonymous reading of your essay. All personal information, including names, school, etc. will be redacted. Applications are reviewed by a nine member panel, and those that score the highest will be invited to attend the 2018 FAIT Academy.



# Federal Bureau of Investigation Cleveland Field Office 2018 Future Agents In Training Application

**The Future Agents In Training (FAIT) Academy will be held June 19-22, 2018**

Completed application packets must be mailed to: FBI Cleveland, Attn: Youth Outreach - FAIT  
1501 Lakeside Avenue, Cleveland, Ohio 44114

**\*\*Please Note: NO electronic submissions will be accepted\*\***

**Applications must be postmarked NO LATER THAN January 31, 2018.**

**ALL applicants will be notified of their status via US Mail by April 15, 2018.**

## I. FAIT ELIGIBILITY CRITERIA

***Please review below to be certain that the applicant meets each of the eligibility requirements.***

1. Student is a United States Citizen.
2. Student is currently enrolled in an accredited high school. If home schooled, the student is recognized by their school district (Students graduating from an accredited high school in the spring of 2018 are eligible to apply).
3. Student must be 16 to 18 years old at the time of the Future Agents In Training Academy (June 19 - 22, 2018).
4. Student has a G.P.A. of 3.0 or higher.
5. Student has completed the essay and provided (1) Letter of Recommendation (see sections V & VII).
6. Student understands they must be present each day of the FAIT Academy and they will be responsible for their transportation to and from the FBI Cleveland Field Office (FAIT Academy hours are 8:00 a.m. to 4:00 p.m).
7. Student currently resides within the Northern District of Ohio, served by the FBI Cleveland Field Office.

## II. APPLICANT INFORMATION

**PLEASE PRINT**

Name (Last, First, Middle):		Social Security Number: <b>*REQUIRED*</b>	
Home Phone #:	Cell Phone #:	Email:	
Permanent Home Address (Street Address, City, State, Zip):			
Citizenship (Country):		Acquired by: Birth <input type="checkbox"/>	Naturalization <input type="checkbox"/>
Age on June 22, 2018:	Date of Birth:	Gender: Female <input type="checkbox"/>	Male <input type="checkbox"/>

## III. EMERGENCY CONTACT INFORMATION

Name of Person(s) to contact in an emergency:	
Relationship to you:	Cell Phone #:

## IV. SCHOOL INFORMATION

Name of School:	
School Mailing Address (Street Address, City, State, Zip):	
School Phone #:	Current G.P.A.: <b>*REQUIRED*</b>



## Federal Bureau of Investigation Cleveland Field Office 2018 Future Agents In Training Application (Continued)

### V. LETTER OF RECOMMENDATION

Please attach (1) Letter of Recommendation, on plain paper (no letterheads), from a teacher or academic advisor, who can speak about your character and why you are a good candidate for the Future Agents In Training (FAIT) Academy (only **ONE** letter of recommendation will be reviewed).

**\*\*Letter must accompany your application, and cannot be sent separately\*\***

### VI. EXTRACURRICULAR ACTIVITIES

Please choose the following extracurricular activities of which you are affiliated (check all that apply):

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Academic Club | <input type="checkbox"/> Community Service | <input type="checkbox"/> Church Group | <input type="checkbox"/> Volunteer          |
| <input type="checkbox"/> Sports Team   | <input type="checkbox"/> Employment        | <input type="checkbox"/> Internship   | <input type="checkbox"/> Other (list) _____ |

### VII. PERSONAL ESSAY

*Please limit your response to no more than 500 words.*

**\*PLEASE NOTE:** Essays are used to score your application, please take the time to answer the question thoroughly, and have someone proofread your work.

1. Describe a situation, that makes you a unique candidate for FAIT, where you have exhibited **ONE** of the FBI's Core Values, which include:

- Rigorous obedience to the **Constitution**
- **Respect** for the dignity of all those we protect
- **Compassion**, extending care and concern whenever possible
- **Integrity**, defines us and what we stand for
- **Fairness**, enforcing the law without fear or favor
- **Accountability**, responsibility and ownership for our decisions
- **Leadership**, courage to lead and set the example
- Our institutional strength lies in our **Diversity**

### VIII. APPLICANT AUTHORIZATION

I hereby apply for admission to the Federal Bureau of Investigation (FBI) Future Agents In Training Academy hosted by the Cleveland Field Office. I fully understand that the omission or falsification of information on my application or essay will be sufficient reason for dismissal of this application. I understand that by submitting my application, a limited background check will be completed by the FBI. If selected, I understand that failure to comply with all rules and regulations of the FBI will result in immediate dismissal from the program. I certify that the information in my application materials is true and complete to the best of my knowledge.

Signature:

Date:



## STUDENT PARTICIPATION CONSENT/RELEASE FORM

As the parent or guardian of \_\_\_\_\_, I give my permission for him/her to participate in the Federal Bureau of Investigation's (FBI) Future Agents In Training (FAIT) Academy. I release the FBI and FBI employees and/or personnel from any liability for any and all claims which may result from this program.

Should it be necessary for the above named child to have medical treatment while participating in this program, I hereby give the FBI personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected by the FBI personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the FBI has no insurance covering such medical or hospital cost; therefore, any cost incurred for such treatment shall be my sole responsibility.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_



## STUDENT PHOTOGRAPHS CONSENT/RELEASE FORM

As the parent or guardian of \_\_\_\_\_, I give my permission for him/her to be photographed in connection with the Federal Bureau of Investigation's (FBI) Future Agents In Training (FAIT) Academy, including the print, online post, or any other manner in which the FBI deems appropriate (including but not limited to, fbi.gov, the FBI Community Outreach Facebook page, FBI Citizens Academy Alumni Association (CAAA) and other related publications and or media).

I understand that any and all photographs taken by FBI officials/employees will be used for promotional purposes of the FBI's Future Agents In Training Academy only. I agree to release the photographs to be printed for FBI media communication and other FBI related publications.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_



## STUDENT TRIP CONSENT/RELEASE FORM

As the parent or guardian of \_\_\_\_\_, I give my permission for him/her to go with Federal Bureau of Investigation (FBI) personnel, to include riding in a vehicle driven by FBI personnel to any offsite or outing during the June 19 – June 22, 2018, Future Agents In Training (FAIT) Academy.

I release the FBI and FBI employees and/or personnel from any liability for any and all claims which may result concerning this outing. Should it be necessary for the above named child to have medical treatment while participating in this event, I hereby give the FBI personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected by the FBI personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the FBI has no insurance covering such medical or hospital costs; therefore, any cost incurred for such treatment shall be my sole responsibility.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

## MEDICAL TREATMENT OF MINORS CONSENT FORM

The Federal Bureau of Investigation Health Care Programs Unit (FBI/HCPU) was established pursuant to 5 U.S.C. § 7901. This form authorizes the FBI/HCPU to provide of walk-in care to a minor child without a parent or legal guardian present. Requests for walk-in care may result in the diagnosis and treatment of an illness and/or injury. This service includes, but is not limited to, giving over-the-counter medications and attending to cuts and bruises. It does NOT include contraceptive services; prenatal care and delivery; confidential counseling/medical care for drug and alcohol abuse; or outpatient mental health services. Completion of this form is strictly voluntary. A completed and signed form, however, will:

- (1) enable the FBI/HCPU to provide walk-in care to your minor child;
- (2) provide the FBI/HCPU with vital medical information concerning your minor child; and
- (3) make it easier for the FBI/HCPU to contact you with information and/or questions regarding treatment of your minor child should he or she get sick or injured.

Failure to complete this form may result in your minor child not receiving walk-in care from the FBI/HCPU. It will not, however, keep your minor child from receiving emergency care.

### AUTHORIZATION:

I have the legal right to preauthorize the Federal Bureau of Investigation Health Care Programs Unit (FBI/HCPU) and its personnel to deliver walk-in care to the minor child listed below.

I request and authorize FBI/HCPU and its personnel to deliver walk-in care to the minor child listed below as may be deemed necessary or advisable by FBI/HCPU in the diagnosis and treatment of the minor child. I further authorize FBI/HCPU to call an ambulance to transfer the minor child listed below to a local hospital in the case of a medical emergency or when more advanced medical treatment is deemed necessary or advisable by FBI/HCPU:

**Student Name** (printed): \_\_\_\_\_

**DOB:** \_\_\_\_\_

**LIMITATIONS** Identify any specific limitations on the kinds of medical services FBI/HCPU can provide. (*If none, state "none"*):

**MEDICATION** (Please list all medications):

**ALLERGIES** (Please list all allergies):

### Parent or Legal Guardian contact information:

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

This authorization is valid for one year (1) following the date signed below unless withdrawn in writing to FBI/HCPU or restricted by time frame as noted above.

**Waiver:** I do hereby, forever discharge the Government of the United states and all its officers, Agents, and employees, acting officially or otherwise, from any and all claims or causes of action on account of injuries and/or death to the minor child listed above, which results through no fault or wrongdoing on behalf of the Government or its employees while administering medical care or treatment to the minor child. I further acknowledge and agree that any claims or causes of actions against the Federal Government I may have for injuries and/or death to the minor child listed above while receiving medical care or treatment will be those provided for by the Federal Tort Claims Act or other applicable federal statutes.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)