

# WCPA

## Mentor Application



**Experienced Police Chiefs may apply to serve as a mentor if they have a minimum of five (5) years experience as Chief or three (3) years as Chief and significant command experience. This application will be reviewed and approved by the WCPA Mentoring Committee. You will also be required to successfully complete Mentor Training offered and/or approved by the WCPA**

### Information

Name	
Department	
Address	
Work Phone	
Cell Phone	
E-Mail Address	

### Department and Appointment Information

Number of years serving as Chief \_\_\_\_\_ Total years in Law Enforcement \_\_\_\_\_

Number of Officers in Department – Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Civilian \_\_\_\_\_

Does your department have a union? \_\_\_\_\_

Are you a current member of the WCPA? \_\_\_\_\_

How did you hear about the WCPA Mentoring Program? \_\_\_\_\_

### Areas of Expertise/Capability

Tell us in which areas you have competence in assisting a new Police Chief:

- Budget and Finance
- Building / Remodeling Programs
- Collective Bargaining / Contract / Union Issues
- Media Relations
- Personnel Issues/ Hiring/ Discipline etc.
  
- Police and Fire Commission Issues
- Political Issues (City Council, Village Board, Town Board)
- Purchasing of Vehicles/Equipment
- Technology Issues (Computer, CAD/RMS, TRACS etc.)
- Police and Fire Commission Issues
- Political Issues (City Council, Village Board, Town Board)
- Other (please list) \_\_\_\_\_

## Education / Training

Education \_\_\_\_\_ Degree \_\_\_\_\_

Name of Command School Attended (FBI NA, Northwestern SPSC, SPI, FBI LEEDS etc.) (If applicable)

\_\_\_\_\_ Session/Dates \_\_\_\_\_

Prior Instructor experience (If applicable) \_\_\_\_\_

## Agreement and Signature

I hereby certify that the statements provided above are true and complete to the best of my knowledge.

References. I authorize the WCPA Mentoring Committee to review information listed in this application that may have information relevant to my qualifications. I further authorize the WCPA Committee to investigate any pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information. I waive any right I might have to inspect, copy, or otherwise have access to any information that any contacted person may disclose about me.

Confidentiality. As a mentor participating in the WCPA Mentoring Program, I agree not to divulge to any other person, firm, or entity outside of this program, or in any way use for personal benefit, or that of another, any personal and sensitive information obtained from the new chief, which the new chief asks me to keep confidential, with whom I am matched during the Mentoring Program. I agree regardless of efforts to maintain confidentiality, a court, legislative or enforcement agency, or as required by applicable law, may compel disclosure of certain information, regardless of the parties' agreement to treat it confidentially.

Name (printed)	
Signature	
Date	

## Questions about the program and Application Submission

The point of contact for the WCPA New Chief's Mentoring Program is the Committee Chairman;

Chief Sean M. Marschke  
Sturtevant Police Department  
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Sturtevant, WI 53177  
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