

# WCPA

## Mentoring Program

### Subject Matter Resource Application



**Experienced Police professionals may apply to serve as a Subject Matter Resource in the WCPA Mentoring Program if they have an area of expertise and competence that could benefit Chiefs and Mentors. This application will be reviewed and approved by the WCPA Mentoring Committee.**

#### Information

Name	
Department	
Address	
Work Phone	
Cell Phone	
E-Mail Address	

#### Department and Appointment Information

Current Position \_\_\_\_\_ Total years in Law Enforcement \_\_\_\_\_

Name of Chief \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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

Name of WCPA Member who can provide a reference for you \_\_\_\_\_

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

#### Areas of Expertise/Capability

Tell us in which areas you have competence and expertise in assisting a Police Chief and/or Mentor:

## Education / Training

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

Specialty Training \_\_\_\_\_

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 authorize the WCPA to contact references 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 participant 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 chief, which the 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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