Chiefs, Sheriffs and/or designees,

Staff of the Macon County Law Enforcement Training Center would like to thank you for choosing MCLETC for your law enforcement and/or corrections training needs.

The Macon County Law Enforcemetn Training Center (MCLETC) is an Illinois Law Enforcement Training and Standards Board (ILETSB) certified training academy operated by Richland Community College. MCLETC specializes in the 16-week basic law enforcement (BLE) academy, as well as the 8-week basic corrections officer (BCO) academy.
MCLETC sits on a 30-acre public safety training campus in Decatur, IL. MCLETC provides the following to meet the needs of recruit/cadet training, as well as numerous federal, state and local law enforcement agencies in-service training.

Administration/Training Building-
A 24,560 square foot, two-story building that houses the MCLETC administration, support services, two classrooms, one multi-use courtroom/classroom, jail booking/intake training room, conference room, cafeteria and twenty-lane, indoor, firing range.

Residential Hall-
A 23,400 square foot, two story structure that includes 135 student beds. Student rooms vary, as half the rooms offer private bathroom and shower amenities, while the other half offers communal bathroom and shower amenities. Each floor offers a lobby area with seating and kitchenette, while the first floor offers a tournament size billiards table.

Bolek Tactical Village-
A 54,893 square foot, two story enclosed structure containing multiple classrooms, guest rooms, three story jail intake and cell block area, VirTra 300 simulator, large control tactics training room, gym, scenario rooms to include apartment's, convenience store, bank, school room, restaurant, church, office space, and roadway.

Again, thank you for choosing MCLETC. We take pride in training your recruits/cadets through core principles of education, practical application and years of law enforcement experience.

Respectfully,

S. Jason Walker
Commander
Macon County Law Enforcement Training Center
217-330-9091 ext. 1603
swalker@richland.edu

CHECKLIST FOR CORRECTIONS CADET REGISTRATION PACKET

- ☐ Student Registration **(please do not forget to mark the caliber of ammunition AND the 24-hour contact number In the case of an emergency)**
- ☐ Release of Information
- ☐ Background Investigation
- ☐ Academy Trainee Waiver & Release
- ☐ Sponsoring Agency Waiver & Release
- ☐ Physical Fitness Waiver
- ☐ Medical Certificate **(must have been completed within 6 months of the start of the Academy class)**
- ☐ Individual Medical Insurance Card (if one has not been issued due to waiting period, a copy of the agency Certificate of Liability Insurance will suffice)
- ☐ Photo/Video Release
- ☐ Corrections Cadet Wearables
- ☐ Reimbursement
- ☐ Electives/Rental Weapons
- ☐ Copy of Driver's License

The packet is due a minimum of 3 weeks before the start of the enrolled academy class. If there will be a delay with any of the packet forms, please notify us asap, or your reservation will be released. If packet extension is approved by MCLETC, the Corrections Cadet Wearables **MUST** still be received 3 weeks before the start of the enrolled academy class. You may email it separately to Tabitha Tester at tabithal0573@richland.edu.

There is a $100 registration fee for each Cadet. However, do not send the fee with the packet. We will send ONE INVOICE for everything during the academy and request payment after graduation.

Please complete the above forms, print them out, sign those requiring signatures and send the entire packet to us:

EMAIL (preferred):
tabithal0573@richland.edu
217-330-9091 Ext. 1601

Other Important Information:

- Reporting instructions for your Cadets(s) are in the Corrections Cadet Manual. We will also send them an email (only if provided on the registration form) with instructions before the class starts.
- **Agencies will be invoiced for academy time completed and wearables for any Cadet that is removed, drops or is released by hiring agency before completion of the academy.**

PTB #: _____

STUDENT REGISTRATION FORM

CLASS #: _____

Print Legibly

NAME *(Last, First, MI)*	
ADDRESS *(Street, City, State, Zip)*	
HOME PHONE *(Include Area Code)*	
MOBILE PHONE *(Include Area Code)*	
EMAIL ADDRESS	
SEX/RACE	
DATE OF BIRTH *(Month/Day/Year)*	
PLACE OF BIRTH *(City, State)*	
EMERGENCY CONTACT(S) *(Name/Number/Relationship)*	1.
	2.
VEHICLE INFO *(Color, Year, Make, Model, Reg #)*	
DRIVER'S LICENSE # *(include state and exp. date)*	
FOID # *(include expiration date)*	
CALIBER OF ISSUED HANDGUN (please place an X)	___ *9mm* ___ *.40* ___ *.45* _____ *Other*
FOOD ALLERGIES *(write NA if none)*	
EMPLOYING AGENCY	
HEAD OF AGENCY	
AGENCY ADDRESS *(Street, City, State, Zip)*	
AGENCY PHONE *(Include Area Code)*	
DATE OF HIRE *(Month/Day/Year)*	
AGENCY POINT OF CONTACT *(Include Title)*	
POINT OF CONTACT PHONE *(24 hours/day)*	
POINT OF CONTACT EMAIL	

AUTHORIZATION FOR RELEASE AND RECEIPT OF INFORMATION

I, the undersigned, authorize the Illinois Law Enforcement Training & Standards Board and the Macon County Law Enforcement Training Center, an Illinois certified Law Enforcement and Corrections Academy, or designated representative to solicit information from any person or organization relative to my background, including but not limited to academic, medical, professional, financial, employment and historical biography, whether the records are of a public, private, criminal, internal, administrative or confidential nature.

I also authorize the Illinois Law Enforcement Training & Standards Board and the Macon County Law Enforcement Training Center, an Illinois certified Law Enforcement and Corrections Academy, or designated representative to release to any criminal justice agency investigating me for certification as a law enforcement or corrections officer, any and all information regarding my academic, medical, professional, financial, employment and historical biography, whether the records are of a public, private, criminal, internal, administrative or confidential nature.

I further waive my right to inspect and copy any such records or information provided in response to this authorization, certify that any person(s) who may furnish such information shall not be held accountable for releasing this information, and hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such records or information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original of my signature.

PLEASE PRINT

Name: _____
Last First MI

Home Address: _____
Number and Street

_____
City State Zip

Telephone: _____

Email: _____

Signature: _____

Date: _____

CRIMINAL BACKGROUND INVESTIGATION STATEMENT

PLEASE PRINT

Student's Name: _____
Last First MI

Pursuant to state statute 50 ILCS 705/6.e., the following certified statements are required for admission to an Illinois Law Enforcement Training & Standards Board basic training academy. The Macon County Law Enforcement Training Center is an Illinois certified Law Enforcement and Corrections Academy.

STATEMENT OF AGENCY

The above applicant has been subject to a criminal and character background investigation, including the use of fingerprint submission processed through the Illinois State Police Bureau of Identification and the Federal Bureau of Investigation, and such investigation has revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good character.

Sponsoring Agency: _____

Authorized Signature: _____

Date: _____

STATEMENT OF APPLICANT

I, the undersigned, under penalty of perjury, decertification, disqualification, and/or dismissal from a certified law enforcement academy, certify that I have no felony conviction and no conviction involving moral turpitude.

Applicant's Signature: _____

Date: _____

Note to student and sponsoring agency: ***This form must be completed and returned to the MCLETC prior to the first full day of academy training.***

WAIVER AND RELEASE FOR ATTENDING AN ACADEMY (*Trainee*)

Agreement between _____ ("the Trainee") and Richland Community College ("the College").

WHEREAS, the Trainee is interested in pursuing a career in criminal justice and desires to attend a certified basic corrections or law enforcement academy ("the Academy") operated by the College at the Macon County Law Enforcement Training Center in order to enhance the Trainee's knowledge, skills, and abilities in preparation for a career in criminal justice and state certification; and

WHEREAS, the Academy is being operated by the College on the condition that the College will not be liable for or subject to any costs, expenses, liabilities, claims, demands, or actions whatsoever arising out of or in connection with the Trainee's enrollment in the Academy; and

WHEREAS, the College is willing to enroll the Trainee in the Academy as a service to the Student;

NOW THEREFORE, in consideration of these promises and agreements and other good and valuable consideration, the receipt and sufficiency of which is hereby mutually acknowledged, the College and the Trainee agree as follows:

1. The Trainee acknowledges and agrees that his/her enrollment at the Academy, including all activities arising out of or connected therewith (herein collectively referred to as "Training") is (i) solely at his/her request; (ii) voluntary in all respects; (iii) not assigned, ordered, or required by the College; and (iv) undertaken during his/her own time and not considered to be work for hours of work for purposes of federal or state wage laws and regulations.

2. In the event the Trainee becomes injured or sick during or as a result of the Training, the Trainee waives and agrees not to file or pursue against the College any claims or demands for (i) compensation or salary/wage continuation benefits, whether based on the common law or statutes, (ii) any and all medically-related costs and expenses, and (iii) any and all death benefits.

3. The Trainee acknowledges and agrees that the Trainee is not entitled to receive any wages or other compensation whatsoever from the College for the time spent during Training, and the Trainee waives and agrees not to file or pursue against the College any claims or demands for such wages or compensation or for reimbursement of expenses.

4. The Trainee warrants, represents and certifies that he/she has and will maintain in full force and effect medical insurance coverage, in an amount satisfactory to the College, to cover medically-related costs and expenses incurred by the Trainee as a result of the Training. The Trainee shall provide certificates or cards of such insurance to the College and/or their designees prior to commencement of training.

5. The Trainee acknowledges that the Training is physically demanding and contains inherent risks of serious injury and that the Trainee assumes all risks of harm and damage associated therewith.

6. The Trainee agrees to hold harmless and indemnify the College from all loss, cost, and expense (including but not limited to, attorneys fees), claims, demands, damages, actions and liability whatsoever arising out of or in connection with the Training or his/her breach of or noncompliance with this Agreement.

7. The term "College" as used herein shall include their respective officials, officers, servants, employees, and staff, to include the Board of Trustees of the College.

8. If any provision of this Agreement is determined to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

9. The Trainee intends that this Agreement shall also be binding upon his/her heirs, successors and assigns.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS AGREEMENT.

EXECUTED as a sealed instrument this _____ day of _____, _____.

Richland Community College

By: _____

Its Academy Commander

The Trainee:

_____ _____

Signature Trainee's name printed

_____ _____

Witness' signature Witness' name printed

WAIVER AND RELEASE (Employing Agency)

Agreement between _____ ("the Employing Agency"), and Richland Community College ("the College").

WHEREAS, the Employing Agency desires its employee ("the Trainee") to attend a certified basic corrections or law enforcement academy ("the Academy") operated by the College at the Macon County Law Enforcement Training Center in order to enhance the Trainee's knowledge, skills, and abilities in preparation for a career in criminal justice and state certification: and

WHEREAS, the Academy is being operated by the College on the condition that the College will not be liable for or subject to any costs, expenses, liabilities, claims, demands, or actions whatsoever arising out of or in connection with the Trainee's enrollment in the Academy; and

WHEREAS, the College agrees to allow the Employing Agency's Trainee to engage in training:

NOW THEREFORE, in consideration of these promises and agreements and other good and valuable consideration, the receipt and sufficiency of which is hereby mutually acknowledged, the College and the Employing Agency agree as follows:

1. The Employing Agency acknowledges and agrees that the Trainee's training at the Academy, including all activities arising out of or connected therewith (herein collectively referred to as "Training") is (i) solely at his/her request; (ii) voluntary in all respects; (iii) not assigned, ordered, or required by the College; and (iv) undertaken during his/her own time and not considered to be work for hours of work for purposes of federal or state wage laws and regulations;

2. In the event the Trainee becomes injured or sick during or as a result of the Training, the Employing Agency waives and agree not to file or pursue against the College any claims or demands for (i) compensation or salary/wage continuation benefits, whether based on the common law or statutes, (ii) any and all medically-related costs and expenses, and (iii) any and all death benefits.

3. The Employing Agency acknowledges and agrees that the Trainee is not entitled to receive any wages or other compensation whatsoever from the College for the time spent during Training, and the Employing Agency waives and agrees not to file or pursue against the College any claims or demands for such wages or compensation or for reimbursement of expenses.

4. The Employing Agency acknowledges that the Training may be physically demanding and contains inherent risks of serious injury and that the Employing Agency assumes all risks of harm and damage associated therewith.

5. The Employing Agency agrees to hold harmless and indemnify the College from all loss, cost, and

expense (including but not limited to, attorneys fees), claims, demands, damages, actions and liability whatsoever arising out of or in connection with the Training or their breach of or noncompliance with this Agreement.

6. The term "College" as used herein shall include their respective officials, officers, servants, employees, and staff, to include the Board of Trustees of the College.

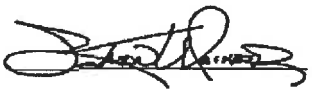
7. If any provision of this Agreement is determined to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

8. The Employing Agency intends that this Agreement shall also be binding upon their heirs, successors and assigns.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS AGREEMENT.

EXECUTED as a sealed instrument this _____ day of _____, _____. **Richland**

Community College

By: 

Its Academy Commander

The Employing Agency

By: _____

It's _____

TO: Basic Academy sponsoring agency
FROM: Commander S. Jason Walker, MCLETC
SUBJECT: Off-duty fitness equipment access for recruits/cadets

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The Macon County Law Enforcement Training Center (MCLETC) has an on-site physical skills/fitness facility for students enrolled in one of our Academy classes. The in-door area consists of a padded room conducive to control and arrest tactics, as well as cardiovascular conditioning machines and weight training equipment; including elliptical trainers, treadmills, stationary bikes, free weights, resistance equipment and various other handheld items to enhance a student's physical fitness. We also have an outdoor ¼ mile track for walking and jogging around our campus.

To promote physical fitness, we are pleased to offer these areas for use by students at their own risk of injury, loss or damage to themselves or personal property during their non-training hours. However, for students to use the facility, the student's sponsoring agency must grant permission (see below) and the student must sign a waiver to MCLETC and Richland Community College as operator of the Academy.

The after-hours exercise program will not substitute for any required or voluntary physical training that is part of the Academy curriculum. Rather, it is a voluntary option for students who want to put forth extra effort into their physical fitness/wellbeing.

An email or facsimile signature shall have the same force and affect as an original signature.

Fitness Training Permission

☐ Recruit ☐ Cadet _____ is permitted to engage in fitness training at the MCLETC facilities while attending one of our Academy classes. I understand that our employee will have access to cardiovascular equipment and resistance training equipment to include "free weights." The employee will have access to this equipment and the walk/jog track during hours when s/he is not engaged in Academy training, and this fitness training is not a required component of the Academy, nor in lieu of any required training.

_____

Authorized Signature/Title Department Date

PHOTO RELEASE

PLEASE PRINT

Student's Name: _____

Last First MI

I, the undersigned, do hereby release all rights or claims in connection with the photo(s) and/or video(s) in which I appear, for use by the Macon County Law Enforcement Training Center (MCLETC). I understand that the photo(s) or video(s), if used, will be for training; class projects, to include, but not limited to class graduation photo(s) and announcement programs; and promotional purposes of the MCLETC. I waive any claim to financial remuneration for the use of these photo(s) and video(s), as well as any right to inspect or approve the finished photo(s) or video(s) and/or advertising copy.

I hereby release MCLETC, the Illinois Training & Standards Board, and Richland Community College, their legal representatives and all persons acting under their permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of said photo(s) or video(s) or in any subsequent processing thereof, as well as any publication thereof. I declare that I am of legal age and have every right to contract in my own name in the above regard.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original of my signature.

Signature: _____

Date: _____

MEDICAL CERTIFICATE

PLEASE PRINT

Corrections Cadet's Name: _____
Last First MI

Examining Health Care Provider: _____

Provider's Phone: _____
And/or
Provider's Email: _____

Dear Health Care Provider:

This person is being considered for participation in the Basic Corrections Academy at the Macon County Law Enforcement Training Center. This physical fitness exam will be provided to all candidates prior to beginning corrections training. It is intended to ensure each corrections cadet can undergo the physical and academic demands of the MCLETC requirements. Laws providing compensation for injuries make it imperative that this certificate be accurate and complete.

All basic corrections cadets are required to participate in minimal daily physical activity (i.e. walking, and/or agility exercises), firearms training and control and arrest tactics (manual dexterity of each hand, punching, kicking, blocking, handcuffing, and physical takedowns).

Any fees for this medical examination will be paid by the recruit or their sponsoring law enforcement agency. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original of your signature.

The cadet (___) is or (___) is not qualified to participate in the above physical training.

Signature of Health Care Provider: _____

Date: _____

Cadet Wearable Order Form

Class #:_____

CADET'S NAME: _____ AGENCY: _____
(LAST, FIRST, MI)

All students registered for a basic corrections academy will be issued an academy uniform *(this is in addition to the agency's duty uniform)* and physical skills attire.

****Women please see conversion sheet on the next page****

****Please note that if a Cadet requires a size 5XL or larger, they must provide their own PT shirt/Sweatshirt and Polo.****

PT Shirt/Sweatshirt- Both must be Heather Gray in color with screen printed last name on back in black color
Polo- Must be light Gray in color

Minimum package includes:
Please complete your sizes and return the order form. The minimum package has been pre-filled under "#", but you may order "**ADDITIONAL**" numbers at an extra cost

ITEM (based on male apparel sizes)	#	**SIZE** CHOOSE FROM DROP DOWN OR CIRCLE SIZE	**ADDITIONAL** ($30 each)
Short Sleeve Gray Polo w/ logo	3	S M L XL 2XL 3XL 4XL	
ITEM (based on male apparel sizes)	#	CHOOSE FROM DROP DOWN OR CIRCLE SIZE WAIST / LENGTH	**ADDITIONAL** ($31 each)
Black Industrial Elastic Waist Work Pant	2	28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 28 29 30 31 32 33 34 36	
ITEM	#	CHOOSE FROM DROP DOWN OR CIRCE SIZE	**ADDITIONAL** ($20 each)
Gray Ballcap with logo	1	One size fits all	
ITEM (based on male apparel sizes)	#	**SIZE** CHOOSE FROM DROP DOWN OR CIRCLE SIZE	**ADDITIONAL** ($19 each)
Gray sports t-shirts with logo and name	5	S M L XL 2XL 3XL 4XL	
ITEM (based on male apparel sizes)	#	**SIZE** CHOOSE FROM DROP DOWN OR CIRCLE SIZE	**ADDITIONAL** ($17 each)
Black moisture wicking shorts with logo	2	S M L XL 2XL 3XL 4XL	
ITEM (based on male apparel sizes)	#	**SIZE** CHOOSE FROM DROP DOWN OR CIRCLE SIZE	**ADDITIONAL** ($25 each)
Gray sweatshirts with logo and name	1	S M L XL 2XL 3XL 4XL	
ITEM (based on male apparel sizes)	#	**SIZE** CHOOSE FROM DROP DOWN OR CIRCLE SIZE	**ADDITIONAL** ($35 each)
Gray sweatpants with logo	1	S M L XL 2XL 3XL 4XL	
ITEM (based on male apparel sizes)	#	**SIZE**	**ADDITIONAL** ($11 each)
Gray knit stocking cap with logo	1	One size fits all	

PAYMENT: ☐ **Cadet** **or** ☐ **Agency** **ADDITIONAL=** _____

DO NOT send payment with this form. ***We will send your Agency one invoice*** *for everything; tuition,* ***additional*** *wearables and any "elective" courses (if applicable).*

Please indicate "Cadet" or "Agency" above so we know who is responsible for any additional wearables' payment. We will send a separate invoice to the Cadet if they are responsible.

WOMENS PANT CONVERSION CHART (RED KAP MEN'S BRAND)

	XS	S		M			L			XXL			3XL		4XL	
SIZE	0	2	4	6	8	10	11	12	13	14	15	16	17	18	19	20
HIP	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58

THESE SIZES ARE NOT EXACT AND WE STILL RECOMMEND YOU TRY A PAIR OF MEN'S PANTS ON TO GET A MORE ACCURATE SIZE*

FOR INSEAM MEASURE FROM THE INSIDE LEG TO HEEL

REVOCABLE ASSIGNMENT OF REIMBURSEMENT

The PARTIES, _____ (hereinafter "Agency"), the Illinois Law Enforcement Training and Standards Board (hereinafter "Board"), and Richland Community College (hereinafter "Academy") hereby acknowledge the following recitals and agree to the terms of the ASSIGNMENT of REIMBURSEMENT:

WHEREAS: Agency acknowledges that attendance at this subject training is conditioned upon payment of a tuition to the Academy.

WHEREAS: The subject training may be eligible for reimbursement from the Board pursuant to Section 9 of the Police Training Act.

WHEREAS: The subject Academy participates in a system of direct tuition reimbursement in which prepayment by the Agency is not required prior to attendance if this document is executed assigning all rights and interests in any subject reimbursement to the Academy.

NOW THEREFORE:

1. Agency hereby assigns all rights, interests, and/or claims for reimbursement for tuition amounts of the subject program to the Academy.
2. Board hereby acknowledges and recognizes this assignment and will execute its effect by issuing any eligible reimbursement to the Academy on the Agency's behalf.
3. Academy hereby releases any claim for collection from the Agency up to the amount issued to *it,* by the Board, on behalf of the Agency for the tuition of the subject program.
4. In the event that the Board fails to issue a payment due and owing as the result of any non-appropriation event, the Academy may declare this Assignment null and void and revoke the provisions of this agreement by providing notice to all relevant parties that it intends to seek payment from the respective Agency.

Agreed to and acknowledged this date _____

AGENCY: _____

ACADEMY: _____

Basic Corrections Cadet Elective Certification Courses

CADET CLASS #: _____

CUSTOMER: _____

_____

_____

AGREEMENT:

Handgun Rental	$25/student (9mm/.40-limited supply)
Conducted Electrical Weapon (CEW):	$100/student
Oleoresin Capsicum (OC) Spray:	$50/student

CLASS/ACTIVITY	Taser/Weapon Model	# OF STUDENTS	RECRUIT's NAME(s)	COST
Handgun Rental **(If Available)**				
CEW				
OC Spray	X			

(Conducted Electrical Weapon is subject to change if less than 10 enrolled for overall class. Agency is required to provide a Taser and applicable cartridges for each cadet)

Total: $_____

Please do not send payment with this form. We will send one invoice during the Academy Class (i.e. tuition, clothing, and electives).

_____ _____

Signature Date form completed

Send by email to Tabitha Tester, tabithal0573@richland.edu
217-330-9091 Ext. 1601