

# 2026 Application Package



*Program Date: March 14 to 21, 2026*

**Application Deadline:**  
**Thursday, November 13, 2025 by 5:00 PM**

# AbbyPD Youth Leadership Program 2026

The AbbyPD Youth Leadership Program (YLP) offers students in grades 10-12 who live in or attend school in Abbotsford a unique opportunity to enhance their personal and team leadership skills through the lens of policing, public safety, and public service. The YLP requires a commitment to full attendance for an entire week, 24/7 (8 days/7 nights) during Spring Break.

YLP participants develop skills in leadership, collaboration, self-awareness, accountability, and resilience. They are introduced to essential law enforcement techniques and engage in classroom lectures, challenging physical training, diverse activities, and simulated policing scenarios. YLP participants will learn about social responsibility and cultivate practical life skills they can consistently apply.

## Eligibility

- Must be a student enrolled in grades 10, 11, or 12 (or homeschooled) in the City of Abbotsford.
- Must be between 14 and 17 years old at the time of application.
- Must be free of other commitments and available to attend the entire program.
- Should maintain a good attendance record at school to graduate.
- Must successfully pass a criminal record and police records check.
- Willing to participate in a physical fitness assessment (1.5 mile/6-lap run) to establish a fitness benchmark.
- Interested in improving your health habits and physical fitness while having fun.
- Aspire to cultivate skills that will equip you for future success.
- Interested in pushing your boundaries and stepping outside your comfort zone.
- The applicant has no pre-existing medical conditions or concerns that would hinder full participation in all program activities.

***The AbbyPD Youth Leadership Program  
is generously funded by the Abbotsford Police Foundation***



Together for a  
**SAFER ABBOTSFORD**

## Instructions to Applicants

Please read the following information carefully:

- To ensure consideration of the application, all pages of this application package must be completed in full. Additionally, a resume and one letter of recommendation from a Principal, Vice Principal, Teacher, School Counsellor, or Career Programs Facilitator must be attached.
- Each component of the application form must be completed. Please ensure that every item is checked before submitting the application. If a component does not apply to you, please indicate "N/A" on that line.
- When you open the Application Package, please download it and save it as a file on your computer/device. We kindly request that you complete this form digitally, rather than by hand. **Once your application package is complete, please print it and ensure that all signature requirements are met.**
- The applicant must ensure that the completed application form, resume, letter of recommendation, and a picture/photograph of a government-issued or school photo ID are **attached to an email and sent to [ylp@abbypd.ca](mailto:ylp@abbypd.ca) on or before Thursday, November 13, 2025, by 5:00 p.m.**
- Physical fitness assessments will take place on **Thursday, November 20**, and **Wednesday, November 26, 2025**, at Rotary Stadium, 32470 Haida Drive, Abbotsford. Applicants **MUST** complete a physical fitness assessment on one of these dates to establish a fitness benchmark. This benchmark will help set goals for your overall fitness and provide YLP staff with essential information to assist in planning YLP activities.
- Applicant interviews will take place in December 2025 and January 2026, scheduled around the Christmas break, and will be arranged to occur at the applicant's school.
- Final selections will be made by the end of January 2026, and all students will be notified of their standing.
- Successful applicants must attend Orientation Night on Wednesday, February 25, 2026, at the Matsqui Centennial Auditorium, located at 32315 South Fraser Way, Abbotsford.
- YLP 2026 will occur at the Abbotsford Exhibition Park facilities (32470 Haida Drive, Abbotsford, BC) from **Saturday, March 14 to Saturday, March 21, 2026.**

All applicants must submit the following:

Check	Date	Item
<input type="checkbox"/>		Resume
<input type="checkbox"/>		Letter of Recommendation
<input type="checkbox"/>		Photocopy of Government-Issued Photo Identification
<input type="checkbox"/>		Application Form
<input type="checkbox"/>		Medical Form and Emergency Contact
<input type="checkbox"/>		Police Information Check Form
<input type="checkbox"/>		Waiver, Release, and Indemnity Form
<input type="checkbox"/>		Social Media Agreement
<input type="checkbox"/>		Consent and Release for Photographs
<input type="checkbox"/>		YLP Participant Contract

Failure to complete all sections of the application package may result in your application being disqualified from the AbbyPD Youth Leadership Program.

If you have any questions, concerns, or difficulty completing the application package, please contact the Program Director, Inspector Crystal Jack.

Email: [ylp@abbypd.ca](mailto:ylp@abbypd.ca)

Ph: 604-864-4887

## Application Form

### Personal Information

Last Name:	
First Name:	
Middle Name(s):	
Other Name(s) Used Since Birth:	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Address (Apartment, Street Number and Name, City, and Postal Code):	
Email:	
Cell:	Home:
Age:	Date of Birth (mm/dd/yyyy):
Grade:	School:
Driver's License Number:	Issuing Province:
Language(s) Spoken:	

### Clothing Size

Shorts	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Unisex Track Pants:	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Jacket/Sweatshirt:	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Shirt:	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL

### *About the Applicant*

Please describe your hobbies, interests, recreational activities, and any sports you play:

If you have had a job(s) or have done volunteer work, please describe the organization(s) and your duties:

List any awards or notable achievements:

Why are you interested in attending the AbbyPD Youth Leadership Program?

What do you hope to learn or gain from attending the AbbyPD Youth Leadership Program?

How did you hear about the AbbyPD Youth Leadership Program?

☐ Police Officer ☐ Teacher ☐ Friend ☐ School Counsellor ☐ Flyer/Poster ☐ Social Media ☐ Internet  
☐ Other:

### *References*

Applicants must provide two references; these individuals must not be related to the applicant.

Name:	Phone:
Email:	

Name:	Phone:
Email:	



## Medical Form and Emergency Contact

### Applicant's Medical Information

Last Name:			First Name:		
Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Other	Height:	Weight (lbs):
BC Personal Health Number (Care Card):					
Medications:					
Food Allergies:					
Please describe any medical or physical conditions or limitations that YLP Staff should know about (e.g., Diabetes, Epilepsy, Asthma, Concussions, Fainting, Blackouts, Pre-existing Injuries, etc.):					
Name of Family Doctor:				Family Doctor Phone:	

### Applicant's Emergency Contact Information

Name:	Name:
Relation to Applicant:	Relation to Applicant:
Address:	Address:
Phone:	Phone:
Email:	Email:

Name and Signature of Parent or Guardian (Required)	
Name (Please Print):	Phone:
Signature: _____	Date (mm/dd/yyyy): _____

## Police Information Check

To be considered for the Abbotsford Police Youth Leadership Program (YLP), applicants must consent to a Police Information Check to review all available law enforcement systems, including local police records. This check does not include overseas or US records. Personal information on this form is collected under the authority of the BC *Freedom of Information and Protection of Privacy Act* and the *Federal Privacy Act*.

Last Name:	First Name:	Middle Name(s):
Previous Names (Including name changes and birth/maiden name):		
Sex: <input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Other
Date of Birth (mm/dd/yyyy):	Place of Birth:	
Address (Apartment, Street Number, Street Name):		
City:	Prov:	Postal Code:
Phone (Home):	Phone (Cell):	
Previous Addresses (Please list all home addresses within the past five years.)		*Check Completed (office use only)
Street Name: _____ City: _____ Prov: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Name: _____ City: _____ Prov: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Name: _____ City: _____ Prov: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Name: _____ City: _____ Prov: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Name: _____ City: _____ Prov: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Reason for Application:** Abbotsford Police Youth Leadership Program

### Agency Requesting Police Information Check:

Abbotsford Police Department - to participate in the AbbyPD Youth Leadership Program.

### **Consent to Search Records – Criminal Records**

I consent to being searched in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine whether I have been convicted of or granted a pardon for any of the offences listed in the *Criminal Records Act*.

I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body.

I further consent in writing to the disclosure of the result of this police information check to the staff of the Abbotsford Police Department responsible for operating the Youth Leadership Program (YLP) to assess my suitability for participation in the YLP.

**Signature of Applicant:**

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**Date Signed** (mm/dd/yyyy):

---

**Signature of Parent or Guardian:**

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**Date Signed** (mm/dd/yyyy):

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### **Search and Disclosure Consent and Liability Release**

I request and consent to the ABBOTSFORD POLICE DEPARTMENT and its employees searching any policing agency and court databases, based on the information I have provided, to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, in which I am the subject. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

The purpose of the Police Information Check is to assess the suitability of the applicant to attend the AbbyPD Youth Leadership Program. I understand that information collected due to this Police Information Check will only be released **to the person and/or organization listed above**. I understand that they alone will determine the impact of any reported search results. I understand that the accuracy of the reported information, to be disclosed, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City of

Abbotsford and its associated Police Board, and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and particularly this section. By signing below, I consent to the above terms and certify that the information I have provided is true and correct to the best of my knowledge and belief.

**Signature of Applicant:**

\_\_\_\_\_

**Date Signed (mm/dd/yyyy):**

\_\_\_\_\_

**Signature of Parent or Guardian:**

\_\_\_\_\_

**Date Signed (mm/dd/yyyy):**

\_\_\_\_\_

**For Police Use Only:**

QUERY TYPE	Queried by:	Negative	Attached	Date
CPIC				
CNI				
PIP				
PRIME				
VS – FP REQ.				
DRIVING RECORD				

Notes (office use only):

## Waiver, Release & Indemnity

### 1. GENERAL

In consideration for the Abbotsford Police Department and the Abbotsford Police Board (collectively "**AbbyPD**") allowing your child to participate in the AbbyPD Youth Leadership Program (the "**YLP**"), you are signing this Waiver, Release, & Indemnity (the "**Waiver**"). By signing this Waiver, you and your child are, among other things, giving up the right to sue the AbbyPD and the City of Abbotsford and each of their affiliates and its members, employees, officers, directors, servants, agents, assigns and representatives (collectively, the "**Personnel**") for any personal injury, death, property damage or other loss that is sustained during or as a result of your child's participation in the AbbyPD Youth Leadership Program, due to any cause whatsoever on the part of any one or more of the AbbyPD, the Personnel or others, including, but not limited, due to negligence, breach of any statutory or other duty, breach of contract, and mistake or errors in judgment of any kind.

### 2. ASSUMPTION OF RISKS AND ACKNOWLEDGMENT OF RESPONSIBILITY

I, the undersigned parent/guardian, am aware of and freely accept and assume the risks, dangers, hazards, and potential consequences of my child's participation in the YLP. I understand that the nature of the YLP is such that the AbbyPD and its Personnel cannot identify all the risks, dangers, hazards, and potential consequences of the YLP and cannot guarantee that my child will not be injured or harmed. I understand that my child's participation in the YLP will involve inherent risks, dangers, and hazards that may include but are not limited to:

- (a) utilizing or operating AbbyPD vehicles, equipment or apparatuses while participating in a traffic training session or other activities;
- (b) injuries from firearms training, including accidental discharge of a firearm;
- (c) injuries from use of force training;
- (d) injuries from police incident simulations; and
- (e) sprains/strains from heavy lifting or other physical activity.

I understand and accept that it is my responsibility to consider and understand the risks, dangers, hazards, and potential consequences of the YLP. I agree that my child's fitness level is appropriate for the YLP, and any known physical conditions my child may have will not affect my child's participation in the YLP.

### 3. WAIVER, RELEASE, & INDEMNITY

- (a) **I WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** that I, my child or my respective heirs, successors, executors, administrators, personal representatives, and assigns may have against the AbbyPD and its Personnel for any loss, injury, damage, or expense that my child may suffer, incur, or experience from participating in the YLP, and **I RELEASE AND FOREVER DISCHARGE** the AbbyPD and its Personnel from any and all liability for any and all losses, injuries, damages, or expenses that I or my child may suffer, incur, or experience from participating in the YLP; and
- (b) **I AGREE TO INDEMNIFY AND DEFEND** the AbbyPD and its Personnel for and hold it harmless from any and all losses, injuries, damages, and expenses of any kind, including from any complaints, demands, claims, actions, suits, judgments, and orders brought by third parties, that the AbbyPD and its Personnel may suffer, incur, or experience as a result of my child's participation in the Program.

### 4. MISCELLANEOUS

- (a) I consent to the AbbyPD, City of Abbotsford, the Abbotsford Police Foundation and their Personnel taking and using images of my child (including any motion picture or still photographs made by the AbbyPD and its Personnel of my child's likeness, poses, acts and appearances) for any purposes and without compensation to promote the AbbyPD and its activities, which may include advertising, promotion, and marketing. The AbbyPD and its Personnel may crop, alter or modify images of my child and combine such images with other images, text and graphics, without notifying me or my child.
- (b) I acknowledge that my child has no pre-existing medical condition that would prevent them from participating in the physical activities of the YLP, and I acknowledge that the AbbyPD and its Personnel can remove my child from the YLP if they cannot safely participate in the YLP.
- (c) I acknowledge that the YLP may arrange transportation for participants, to and from various activities.
- (d) I acknowledge that the AbbyPD reserve their rights to remove my child from the YLP at any time, should the AbbyPD or its Personnel determine in their sole discretion, that my child's conduct makes them unfit for participation in the YLP. The AbbyPD and its Personnel are explicitly permitted to consider my child's conduct outside of the YLP when assessing whether my child is unfit for the YLP and should be removed.
- (e) I have carefully read and understand the contents of this document. I am signing it voluntarily with full knowledge of its significance, intending that it be legally binding on myself, my child, my heirs, successors, executors, administrators, personal representatives, and assigns.

- (f) In entering into this Waiver, I am not relying on any oral, written, or visual representations from AbbyPD and its Personnel.
- (g) I agree that this Waiver will be governed and interpreted by the laws of the Province of British Columbia.

**I have read this waiver, release, and indemnity agreement carefully, and my questions, if any, have been answered.**

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_, a minor child under the age of nineteen years. I consent to my child's participation in activities with the Abbotsford Police Department as noted above, and I understand and accept the waiver, release, and indemnity agreement as it relates to these activities.

Participant Name	Participant Signature	Date
_____	_____	_____
<b>Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
_____	_____	_____
<b>Adult Witness Name</b>	<b>Adult Witness Signature</b>	<b>Date</b>
_____	_____	_____

**Reviewed for Completeness by AbbyPD YLP Staff**

AbbyPD YLP Staff Name	AbbyPD YLP Staff Signature	Date
_____	_____	_____

## Social Media Agreement

**Guidelines:** Social media platforms such as Snapchat, TikTok, Instagram, Facebook, X, YouTube, personal texting, and others are powerful tools of communication that have a significant impact on both personal reputation and the reputation of the Abbotsford Police Department and the AbbyPD Youth Leadership Program (YLP). You and your parent/guardian must read and sign this contract acknowledging the responsibility as a member of the YLP to use the following guidelines when posting on social media.

1. I will not post or share information or photos about YLP activities, participants, or instructors online in any form (including, but not limited to, email, texts, websites, or social media websites) without the instructor's approval. NOTE: The Abbotsford Police Department actively monitors social media sites and will monitor them during the YLP.
2. I, and my parent/guardian, now confirm that I only use the following social media channels. I now agree to and consent to all social media channels I use being monitored by the AbbyPD for compliance with these terms and conditions. **Please sign beside each:**

Social Media	YLP Applicant Signature	Parent/Guardian Signature
Facebook		
Instagram		
WhatsApp		
Snapchat		
TikTok		
Other (List Below):		

3. I will add YLP Team Leaders as "friends" or use another applicable method of providing access to the channel, and I understand that all my channels will be monitored. A private WhatsApp group for the YLP participants will be set up for communication between participants and Team Leaders. The YLP Team Leaders will monitor this WhatsApp group.
4. Cyberbullying is the willful bullying or harassment of another person or persons through social media. Any YLP participant who engages in any form of cyberbullying will be asked to leave the program immediately and will be required to return any YLP apparel.



My parent/guardian and I acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach of these terms and conditions, I may be asked to leave the YLP and be required to return any YLP apparel.

**Participant Name**

**Participant Signature**

**Date**

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**Parent/Guardian Name**

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**Parent/Guardian Signature**

---

**Date**

**Reviewed for Completeness by AbbyPD YLP Staff**

**AbbyPD YLP Staff Name**

**AbbyPD YLP Staff Signature**

**Date**

## Consent and Release to Use Images (YOUTH)

With informed consent, I, the undersigned parent or legal guardian of the AbbyPD Youth Leadership Program (YLP) applicant/participant, consent to my child being photographed by professional and/or amateur photographers while participating in any detail, event, function, or activity related to the YLP. I hereby give the Abbotsford Police Department ("AbbyPD"), City of Abbotsford, and the Abbotsford Police Foundation permission to use images of my child (including any motion pictures or still recordings made by AbbyPD of my likeness, poses, acts or appearances) ("Images") for any purposes in connection with promoting AbbyPD and its activities ("Purposes"), which may include advertising, promotion, and marketing. I understand that limited personal information of my child, namely Images, is being collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c. 165, for these Purposes. I consent to my child's personal information, namely Images, being stored, accessed, or disclosed for the Purposes described above.

Any questions about the collection or use of these Images, or their Purposes, should be directed to: AbbyPD Media Relations at 604-864-4784. I am the parent or legal guardian of my child, the YLP applicant/participant, \_\_\_\_\_, and am competent to sign this consent. I have read and understood this form prior to signing it. I am aware that consent is voluntary, may be revoked at any time, and by signing, I am giving permission to AbbyPD to use my child's Images for these Purposes.

**I have read and I understand this document.**

<b>Participant Name</b>	<b>Participant Signature</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>
<b>Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>

**Reviewed for Completeness by AbbyPD YLP Staff**

<b>AbbyPD YLP Staff Name</b>	<b>AbbyPD YLP Staff Signature</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>

## YLP Participant Contract

Every participant, together with the AbbyPD Youth Leadership Program (YLP) staff and contributors (Police Officers, Special Constables, Reserve Constables, Volunteers, and police agency staff) from the Abbotsford Police Department, contributes to the YLP's success. This document describes the expectations required of all YLP participants.

I, \_\_\_\_\_ PARTICIPANT NAME \_\_\_\_\_ agree to meet the expectations outlined below to participate in the AbbyPD YLP:

### **I will:**

- Follow all YLP policies or procedures.
- Follow staff and contributor instructions and raise concerns respectfully.
- Be an active bystander and do what I can to help others or find help when needed.
- Proactively plan for personal needs so I can participate fully and on time in all activities.
- Challenge myself to learn and advocate for my needs, including requesting help or accommodation when needed.
- Complete assigned individual and group projects on time.
- Treat all participants, staff, and contributors with respect.
- Be inclusive, respectful, and exhibit behaviour that creates an environment free of bullying and harassment.

### **Regarding the use of mobile devices, I agree that:**

- The use of personal mobile devices can detract from the objectives of YLP for all participants. Personal mobile devices may only be used at authorized times. Devices will be secured to ensure safe storage when use is not permitted.
- Personal mobile devices are only allowed during programmed time under the following circumstances:
  - For educational purposes, such as conducting research or accessing educational websites, as directed by the educator in the classroom.
  - For health and medical purposes; and
  - To support special educational needs, including students with mental health needs.
- An emergency phone number will be provided to all parents/guardians in the event that a participant must be contacted urgently.
- Exceptions to this policy are at the discretion of the YLP Director.

I also understand the following:

***What are the consequences if I do not meet the expectations outlined in this document?***

- Staff or contributors will give me a verbal warning regarding behaviours and actions that are not allowed and, in most cases, allow me to correct the behaviour. Depending on the behaviour, they may also contact my parent/guardian.
- Some behaviours may result in immediate removal from the program.

***The following may result in removal from the YLP:***

- Repeated absences or failing to meet program requirements.
- Failing to comply with the safety instructions of staff or a contributor.
- Leaving the program area without permission from YLP staff or a contributor.
- Any other behaviour that could result in a risk to anyone's safety.
- Possessing or being under the influence of alcohol, tobacco, drugs or weapons.
- Touching a peer or adult in a physically or sexually aggressive manner.
- Bullying, harassing, or using derogatory language towards another person or group of people.

***As the parent/guardian, I will support my child's participation in YLP by:***

- Agreeing to and reinforcing the expectations of YLP contained herein.
- Working together with YLP staff to resolve issues that may arise with my child.

***YLP staff and contributors commit to:***

- Respectfully and effectively communicating with all participants and their parents.
- Helping participants have a safe and rewarding experience.
- Addressing problems brought to the attention of YLP staff and contributors.
- Creating an environment where everyone is welcomed and encouraged to succeed.

***Everyone contributes to the success of the AbbyPD Youth Leadership Program!***

Sign below to acknowledge your understanding of and commitment to following this code of conduct.

<b>Participant Name</b>	<b>Participant Signature</b>	<b>Date</b>
<hr/> <b>Parent/Guardian Name</b>	<hr/> <b>Parent/Guardian Signature</b>	<hr/> <b>Date</b>
<hr/> <b>AbbyPD YLP Staff Name</b>	<hr/> <b>AbbyPD YLP Staff Signature</b>	<hr/> <b>Date</b>
<hr/>	<hr/>	<hr/>