



**Idaho State Police**  
**Leadership Education and Development (ILEAD)**  
**Academy**  
**June 22 through June 27, 2025**  
**Idaho State Police Campus; Meridian, Idaho**





## **Idaho State Police**

### **Leadership Education and Development (ILEAD) Academy**

#### **Organization Overview:**

The Idaho State Police is committed to the development of youth as the future leaders of our great state.

#### **Program Description:**

The mission of the ILEAD Academy is to provide a well-rounded foundation of education for future leaders of Idaho. Through a variety of classes, interaction and guest speakers, students will be introduced to fundamental leadership principles designed to enable them to become effective teenage leaders and eventual adult leaders in their communities.

The ILEAD Academy is an intensive leadership development course for students who have completed their freshman, sophomore, or junior year in high school, age 15, 16, or 17 years old. Each day starts with a structured class or activity to promote physical fitness and wraps up with a nighttime activity to promote the relationships within the group. All activities will be supervised by mentors who are graduates of the Idaho State Police Advanced Training Academy. The ratio of staff to students will be approximately six students to every one staff member. The schedule will be demanding with the program starting at 5:00 a.m. and ending 10:00 p.m. A one-day trip to the Idaho Capitol Mall is planned, as well as local trips for community service.

#### **Program Objectives:**

1. Provide a broad base of exposure to successful leadership principles and skills necessary for success.
2. Develop an appreciation for diversity.
3. Provide highlights of various careers available in government and public service.
4. Experience an environment of higher education to assist in identifying goals for their educational future.
5. Through class work and participation, provide an understanding of the value of community service.
6. Provide education to avoid common pitfalls of developing youth in regard to driving, alcohol, and other controlled substances.
7. Provide exposure to various cultural and environmental issues of importance.
8. Teach the importance of, and how to develop lifelong fitness habits.

**Details:**

There is no cost to attend the program. Students or their families are however responsible for transportation to and from the Idaho State Police campus in Meridian, Idaho. Once the program begins on Sunday, June 22, 2025, all meals and transportation will be provided until the program ends on Friday morning, June 27, 2025.

Check in begins promptly at 1:00 p.m. and students will be directed to their rooms; an orientation will start at 2:00 p.m. The first meal of the program will be dinner on June 22<sup>nd</sup>. Please eat prior to check-in.

There will be a commencement ceremony on Friday, June 27<sup>th</sup>, at 9:00 a.m. at the Capitol Building in the Lincoln Auditorium where family and friends are welcome to attend.

**Application Process:**

Those students who meet the qualifications listed above can complete the application and submit it as instructed below prior to **April 30, 2025**. Upon review of the applications, those students selected will be notified and provided additional information.

If you have any questions, please contact Lt. Colonel Russ Wheatley at [russ.wheatley@isp.idaho.gov](mailto:russ.wheatley@isp.idaho.gov) or 208-884-7004.

Submit completed applications prior to April 30, 2025, either by **mail** to:

Idaho State Police  
Attention: Lt. Colonel Russ Wheatley  
700 S. Stratford Drive  
Meridian, ID 83642

**Or scan and email** the completed application to [russ.wheatley@isp.idaho.gov](mailto:russ.wheatley@isp.idaho.gov)

**IDAHO STATE POLICE**  
**LEADERSHIP EDUCATION AND DEVELOPMENT (ILEAD) ACADEMY**  
**2025 APPLICATION**  
**Please print clearly**

**Applicant:**

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

(M/F) \_\_\_\_\_ Age \_\_\_\_\_ (DOB) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

List any food allergies or special dietary requests: \_\_\_\_\_

**Parent(s) or Legal Guardian(s):**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Other Emergency Contact Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please provide the following information/materials: (For sections requiring written response, complete on a separate sheet/s of paper, listing the category/question and response):**

1. A copy of your high school transcript.
2. Attach a resume if you have one.
3. Please list any Sports, School Clubs/Activities/Offices, Hobbies, and Special Interests/Talents.
4. Please write an essay on why you would like to attend and what you expect to gain from the ILEAD program.
5. Completed Health Examination and Consent form *and* the Physical Exam Form.
6. A letter of recommendation from an *Idaho State Police Trooper*.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's T-shirt Size (Please circle one): S M L XL XXL**

## INSTRUCTIONS TO OBTAIN A LETTER OF RECOMMENDATION

To obtain a letter of recommendation from an *Idaho State Police Trooper* you may reach out to the following District offices:

District 1	Coeur D'Alene	208-209-8620
District 2	Lewiston	208-750-9300
District 3	Meridian	208-884-7360
District 4	Jerome	208-324-6000
District 5	Pocatello	208-239-9800
District 6	Idaho Falls	208-528-3400

## Behavior Agreement

The Leadership Education and Development Program was created to provide a better understanding of the challenging field of law enforcement. We want this to be a positive, educational and character building event. With that in mind, we are providing you with the following important information. Participants **MUST** wear appropriate clothing for the activity of each day. T-shirts that are provided must be worn during classroom hours and activities.

Attire that will not be allowed include; garments displaying offensive language, sexually suggestive language or pictures, tobacco or alcoholic beverage advertisement. No tight, transparent or revealing clothing. No "gang or gang type" clothing or accessories.

Participants are expected to conduct themselves in a responsible and professional manner during the program and to treat others with respect. They are also expected to attend all six (6) days. Participants will review the following list of rules of behavior on the 1st day of the program. The Idaho State Police reserves the right to excuse and/or dismiss any participant who does not adhere to basic rules.

- Follow ALL instructions & directions of the instructor(s) –**
- No rowdiness or any other type of disruptive behaviors –**
- Be polite & respectful – No profanities, vulgar language, actions, or comments –**
- Pay attention – Be involved – Ask questions –**
- Attend all scheduled ILEAD days –**
- HAVE FUN – LEARN – BE SAFE!!!**

I certify that I have read and understand the behavior agreement for the Idaho State Police ILEAD Program, and that my behavior and attendance can be grounds for immediate dismissal from the program.

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Participant Signature

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Date

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Printed Name of Participant

**IDAHO STATE POLICE "ILEAD"  
PROGRAM RELEASE OF LIABILITY**

*THIS IS A RELEASE OF LIABILITY—PLEASE READ BEFORE SIGNING*

**NOTE: THIS FORM MUST BE READ, SIGNED AND SUBMITTED WITH THE ATTACHED APPLICATION BEFORE THE PARTICIPANT IS ALLOWED TO PARTICIPATE IN THE IDAHO STATE POLICE'S "IDAHO LEADERSHIP AND DEVELOPMENT (ILEAD)" PROGRAM.**

IN CONSIDERATION of the mutual covenants contained herein, and additionally, in consideration of the undersigned's child being permitted to participate in the Idaho State Police's "ILEAD" program ("the Program") \_\_\_\_\_, the undersigned parent/guardian hereby acknowledges, consents and agrees as follows for his/her child,

\_\_\_\_\_:

1. I acknowledge the risk of injury or death to my child from activities associated with the Program is significant, including the potential for permanent disability, disfigurement, and death.
2. I acknowledge that the Program may involve training, activities, and risks that may include but are not limited to:  
Ride-a-longs with officers in the field and on patrol; travel to and from field trips, and off-site locations; contact with the public, firearms handling, and SWAT scenarios; Police dog or K-9 training scenarios; and physical fitness exercises on land and in water.
3. I further acknowledge that protective equipment and personal discipline may minimize the risk of serious injury or death to my child.
4. I represent that I and my child knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the State of Idaho, the Idaho State Police, and/or those persons released from liability as set forth herein, and I assume full responsibility for my child's participation in the Program for any injury, death, disfigurement or damages caused by child's actions.
5. I acknowledge that it is my responsibility to consult with a physician prior to and regarding my child's participation in activities associated with the Program. I represent that my child is physically fit and has no medical, psychological, or other condition which would prevent my child's full participation in activities associated with the Program.

6. I, for myself, my child, and on behalf of my child's heirs, assigns, personal representatives and next of kin, hereby release and hold harmless from any and all liability the Idaho State Police. I, for myself, my child, and on behalf of my child's heirs, assigns, personal representatives and next of kin further hereby release the Idaho State Police and its officers, employees, representatives, K9 and agents ("Releasees"). Such release to the State and Releasees shall apply to and be with respect to any and all injury, disability, disfigurement, death or loss or damage to any person or property whether caused by the negligence of the State or Releasees or otherwise and whether caused by any person, animal, or by any incident that is unknown or is later determined to be unknown. I understand and agree that this Release of Liability covers every activity and event in which my child participates associated with the Program.
7. I acknowledge that commercial still, video and/or motion picture photography may occur during my child's presence at the Program and as long as my child is in the general area, my child may be incidentally included in such photography. Should my child wish to be excluded from such photography, I acknowledge that it is my child's responsibility to be aware of photographic activity and remove him/herself from the area or event being photographed. Absent such action on my part, I grant the Idaho State Police the right to use my child's photographic image in accordance with generally accepted journalistic practices.
8. I hereby consent to my child receiving medical treatment, which may be deemed advisable in the event of injury, accident, death and/or illness during the activities associated with the Program.
9. I acknowledge and agree that this Release of Liability is intended to be as broad and as inclusive as permitted by the laws of the State of Idaho and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
10. I acknowledge that this Release of Liability is in effect on the following dates (please list dates):  
\_\_\_\_\_.

**I HAVE READ THIS RELEASE OF LIABILITY, I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

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**Parent or Guardian's Signature**

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**Date of Signature**





## HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior attending the ILEAD Academy. The exam is at the expense of the student and may not be taken after the application deadline. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions.

**Name:** \_\_\_\_\_ **Sex:** M / F **Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

### MEDICAL HISTORY

Fill in details of "YES: answers in space below

YES NO

YES NO

	YES	NO
Have you ever been hospitalized?		
Have you ever had surgery?		
Are you presently taking any medication or pills?		
Do you have any allergies (medicine, bees, other insects)?		
Have you ever passed out during or after exercise?		
Have you ever been dizzy during or after exercise?		
Have you ever had chest pain during or after exercise?		
Do you tire more quickly than your friends during exercise?		
Have you ever had high blood pressure?		
Have you been told you have a heart murmur?		
Have you ever had racing of your heart or skipped heartbeats?		
Has anyone in your family died of heart problems or a sudden death before age 50?		
Do you have any skin problems (itching, rash, acne)?		

	YES	NO
Have you ever had a head injury?		
Have you ever been knocked out or unconscious?		
Have you ever been diagnosed with a concussion?		
Have you ever had a seizure?		
Have you ever had a stinger, burned, or pinched nerve?		
Have you ever had heat or muscle cramps?		
Have you ever been dizzy or passed out in the heat?		
Do you have trouble breathing or do you cough during or after exercise?		
Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?		
Have you ever had problems with your eyes or vision?		
Do you wear glasses, contacts, or protective eyewear?		
Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?		
Have you had a medical problem or injury since your last evaluation?		

Have you sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? (check applicable)

Head		Back		Shoulder		Forearm		Hand		Hip		Knee		Ankle	
Neck		Chest		Elbow		Wrist		Finger		Thigh		Shin		Foot	

Were you born without a kidney, testicle, or any other organ? Yes  No

When was your first menstrual period? \_\_\_\_\_

When was your last menstrual period? \_\_\_\_\_

What was the longest time between your periods last year? \_\_\_\_\_

Explain "YES" answers: \_\_\_\_\_

### **CONSENT FORM**

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the Idaho State Police ILEAD Academy. This consent includes travel to and from the academy. I further consent to treatment deemed necessary by physicians designated Idaho State Police authorities for any illness or injury resulting from his/her participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above-named student.

If the health care provider's exam will be performed without compensation as part of the Idaho State Police's health examination program for participation in the ILEAD Academy, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete attend the Idaho State Police ILEAD Academy is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations as set for by the State of Idaho.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

**Idaho State Police**

# Physical Examination Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / _____ L 20 / _____ Corrected: Y N		
	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

## Clearance / Recommendations

Clearance:

- A. Cleared for all I-LEAD sponsored activities. (Hiking, Running, Jumping, Pushups, Sit-ups, and Calisthenics)
- B. Cleared after completing evaluation / rehabilitation for:

\_\_\_\_\_

\_\_\_\_\_

- C. Student is **NOT** permitted to participate in the Idaho State Police ILEAD Academy.

Reason: \_\_\_\_\_

Recommendation:

Name of physician:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

*(This Physical/Examination Form MUST be signed by a licensed physician, physician assistant, or nurse practitioner)*