

Shop with Cops Nomination Form

The nominating agency must fill out this application and then have a parent/guardian sign at the bottom giving permission for their child to participate in the program activities. **Applications must be received by Nov. 12 at 5 p.m.** Send completed applications to College of St Scholastica (address below).

The Saint Paul Police Dept., area agencies, donors and volunteers will sponsor a “Shops with Cops” event on **December 10, 2011 from 9:00 a.m. – 11:30 a.m.** at the Western District Police Station located at 389 N. Hamline Avenue, Saint Paul, MN 55104, across the street from Target. **The event is scheduled to end at Noon.** This event allows youth from the City of Saint Paul with priority to **Frogtown and Summit University neighborhoods** to buy holiday gifts for their families. Four to five youth are matched with an officer and given anywhere from \$50 to \$100 to spend per family. The purpose of the event is to foster positive relationships between youth and officers and to teach youth the value of budgeting money and giving to others. The coalition will provide spending money, lunch, and gift-wrapping supplies to participants.

Nominated participants must be in K-6th grade AND live in the City of Saint Paul. The maximum number of participants accepted for the event will be 150 kids. After the 150 participants have been accepted, a waiting list will be put into place. The program cannot guarantee nominators will be notified about the status of their nomination.

IMPORTANT! Parents/guardians: Please sign the permission line at the bottom of the form.

If you have questions, please contact Arnoldo Curiel 651-403-8632

Completed applications may be sent to:

Attention: Arnoldo Curiel,

College of St Scholastica

340 Cedar St., Suite 50

St. Paul, MN 55104

FAX: 651-298-8532

E-mail: acuriel@css.edu

E-mail

For office use only:

Date Received _____ Time received _____ Initials _____
Accepted _____ Denied _____ Call to confirm? _____

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Youth Name _____ Age of youth ____

Parent/Guardian Name _____

Address _____ Saint Paul, MN 551 _____

Home Phone _____

E-mail: _____

(Notification of acceptance will be sent to e-mail first)

Description of family member(s) you are shopping for (please add a second page if necessary):

First Name of Family Member	Gender (indicate M or F)	Age

Nominated by _____ Phone # _____

Why are you nominating this youth for “Shop with Cops”?

Time Check in Preference: _____ 9:00 AM _____ 9:30 AM

In addition to allowing my child to participate, I give permission for Shop with Cops and Target to photograph/video tape my child for use in published articles, website, newsletters, flyers, posters, brochures and presentation materials and wave any interest in such material (ie. Power Point presentations).

(parent/guardian sign here for participation and allow photograph/videotape)

(parent/guardian sign here for participation and not allow to photograph/videotape)

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