

Wyoming Association of Sheriffs and Chiefs of Police
Supervisor Development Program Application

NAME:

DATE:

AGENCY:

PHONE:

ADDRESS:

CITY:

ZIP:

E-MAIL:

I am applying to participate in the WASCOP Supervisor Development Program. I understand that WASCOP will provide on-line access to six diagnostic instruments that I must complete, a feedback session on my performance, a report to me and my agency head, and access to resources on WASCOP's website that I may use. I agree to complete all instruments without assistance, within 24 hours of being given access, and to participate in a feedback session with a WASCOP representative within 48 hours of completion. I understand it will take 2 – 4 hours to complete all instruments and 1 hour for the feedback session. Further, by signing this application I affirm my agency head has approved my participation and that I will not divulge the contents of any instruments.

SIGNATURE:

CHIEF/SHERIFF/DIRECTOR SIGNATURE: