



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



SUMMARY OF THE VIDA ACADEMY

Email: www.VIDA.LA

The Vital Intervention Directional Alternatives (VIDA) Academy was specifically designed by the Los Angeles County Sheriff's Department to assist "at-risk" youth and utilize pro-active, innovative techniques for positive redirection. The VIDA Academy is non-custody, intensive, sixteen (16) consecutive weeks, youth intervention program. Only two (2) classes a year will be conducted. The VIDA Academy offers treatment, prevention, and disciplinary components to alter negative behavior. The VIDA Academy has a high rate of success. VIDA's success or failure depends directly on the level of commitment and application of the participant and their family.

The VIDA Academy is a collaborative effort between law enforcement and community-based organizations, with law enforcement being the facilitator and taking the leadership role. It is essential that law enforcement play a major role in the intervention and overall development of the participants. Generally, law enforcement is the first to make contact with "at-risk" youth. An experienced team of deputy sheriffs who possess an expertise in juvenile intervention and prevention techniques facilitates the VIDA Academy. A cadre of community-based volunteers donates their time and expertise to assist in the on-going success of the Academy.

The VIDA Academy is designed to positively redirect male and female "at risk" youth between the ages of eleven to seventeen and a half (11-17½) to partner with the influences of law enforcement, rather than the influences of the gang culture and other criminal elements. Participants are referred from the court, probation, patrol deputies, detective bureau and school districts or from a parent requesting their child be enrolled into the VIDA Academy. The VIDA Academy will not accept applicants who have a propensity toward violence, "hardcore" offenders or applicants who might suffer from a mental illness. The VIDA staff shall interview each participant and their parent(s) and/or legal guardian(s). The VIDA staff will determine who is enrolled, dropped or terminated, based on the totality of the participant's history and/or the parent(s) and/or legal guardian(s) commitment to the Academy. The parent(s) and/or legal guardian(s) must fully support the VIDA Academy for their child to be enrolled. There is an enrollment fee of \$75.00, which will purchase physical training clothing, drug test kits/fees and educational tours for the participant.

The VIDA participants will meet as a class on Saturday mornings between 7:45 a.m. and 4:00 p.m. and mid-week from 7:00 p.m. and 9:00 p.m. Ask your VIDA staff instructors for your site's hours of operation. The Saturday sessions will encompass: Physical training, Close Order Drill (marching), tutoring, life skills, educational tours, tour of the Los Angeles County Jail and community service. The mid-week counseling sessions will facilitate family counseling for the parent(s) and/or legal guardian(s) and their child. The parent(s) and/or legal guardian(s) are responsible for transporting their child to the Saturday Academy and the mid-week counseling sessions. If the parent(s) and/or legal guardian(s) are not able to transport their child to VIDA, they may be dropped from the Academy; and a new plan of action will be facilitated with the family. The Sheriff's Department will transport the participants to the community service sites and educational tour locations.

There are nine core components to the VIDA Academy. Each component is designed to identify the negative influences that have resulted in an individual's referral to the Academy. VIDA is designed to redirect the participant's negative behavior into positive and socially acceptable behavior. Choices and consequences will be stressed throughout the Academy. VIDA builds self-esteem and will assist in breaking the cycle of criminal behavior while facilitating the participant toward success.



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ENROLLMENT:

The parent(s) and/or legal guardian(s) and the participant shall be present for the enrollment process. This session involves a detailed assessment and discussion of parental responsibilities. Past, present and future activities of the participants will be discussed as well as expectations for their successful completion of the Academy. The parent(s) and/or legal guardian(s) shall sign numerous waivers allowing their child to participate in the VIDA Academy.

INTAKE NIGHT:

Participants and their parent(s) and/or legal guardian(s) are brought together as a class. Guest speakers will include: Judges, deputy sheriffs, probation officers, counselors and former gang members/drug addicts. The guest speakers will confront the participants and discuss the harsh realities of making poor choices and the reality of incarceration. Additionally, poor parenting skills will be challenged and new skills will be facilitated.

FAMILY COUNSELING:

A community-based organization (CBO's) will provide on-going counseling services to all the participants and their family members. It is Mandatory that a parent and/or a legal guardian attend the mid-week counseling session.

COMMUNITY SERVICE:

Under the direction of the VIDA staff, each participant will be required to perform thirty-two hours of community service, which will be applied to any court ordered or mandated community service terms. Community services include, but limited to: graffiti removal, property and community revitalization projects.

PHYSICAL TRAINING:

Each participant is required to perform various physical training calisthenics that are outlined in the President's Fitness Challenge such as: Sit-ups, push-ups, jumping jacks, leg lifts, jogging/sprinting and marching drills. Deputy sheriff's will assist the participants with the physical training component of the Academy.

REALITY ORIENTATION:

This component is designed to "shock" the participants' conscience and awaken them to the reality of life and making poor choices. The VIDA participants and staff will visit the following facilities: Los Angeles County Jail, California Youth Authority, California State Prison, neonatal unit of a local hospital, and the Museum of Tolerance. The Sheriff's Department will transport the participants to the above listed facilities. Tour days and time will vary based on the availability of the above listed facilities.

EDUCATION & CAREER GUIDANCE:

Tutors will assist the VIDA participants with English, mathematics, resume, job interview techniques and life skills. The Pacific Institute's "Pathways to Excellence" will be facilitated. The VIDA staff will secure working professionals to assist the VIDA participants with their career choices.



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SUMMARY OF THE VIDA ACADEMY

Email: www.VIDA.LA

DRUG TESTING:

Each participant is required to submit a minimum of three (3) urine samples, which will be tested for eighteen (18) controlled substances, marijuana and alcohol. If the participant tested positive for any of the above listed substances, he/she may have to submit to additional drug tests. The tests will be administered and collected by deputy sheriffs. Same gender supervision will be in-place at all times during the collection of the samples. If the participant continues to test positive, he/she may be directed to enroll in a drug rehabilitation program or rehabilitation facility. The VIDA staff and our community-based organizations will assist the participant in locating an acceptable rehabilitation program.

HOME & SCHOOL INSPECTIONS:

The VIDA staff will conduct several random welfare checks of the participants' home and monitor the participants' at their respective schools.

To reserve your position in the Los Angeles County Sheriff's Department VIDA Academy, submit your completed application (pages 1-19) as soon as possible. Class size is limited and will be filled on a first come, first serve basis.

Thank you for your interest in the Los Angeles County Sheriff's Department, Vital Intervention Directional Alternative's Academy.

We are looking forward to assisting your family,

The VIDA Staff



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



ENROLLMENT INSTRUCTIONS

Email: www.VIDA.LA

The following instructions will assist the applicant in successfully enrolling into the VIDA Academy.

Do not write in the grey shaded area marked **"FOR SHERIFF'S USE ONLY"**

Print clearly and ensure the phone numbers and addresses are correct. The VIDA staff cannot contact you for enrollment, if we do not have the most current information. If your contact information changes during the application process, immediately notify your respective VIDA deputy or www.VIDA.LA.

The term "minor" refers to the child you want to enroll into the VIDA Academy.

Page #1:

Minor's History Inquiry: This section only applies to the minor you want to enroll into the VIDA Academy.

Minor's Children: Does the minor have children of his/her own, if he/she does list them.

Under the emergency contact phone numbers, **DO NOT** use the mother's or father's phone numbers or address. Use the phone numbers of a local relative or trusted friend. List the name and the relationship of the emergency contact person (for example: John Smith, uncle).

Page #2:

Minor's Medical History: Place an "X" in any of the medical condition(s) or medication(s) that applies to the minor. List additional medical condition(s) or medication(s) the minor uses that are not listed in the check-off boxes. The medical questionnaire is designed for your child's safety; **DO NOT** guess at any answer. If you do not know the correct answer, ask with your doctor.

Minor's School Inquiry: List the school the minor will be attending while enrolled in the VIDA Academy.

Minor's Criminal History: If the minor is an associate of any gang, tagging or party crew, you must list the name of the group or click. Even if the minor just "hangs around" or "kicks it" with any of the listed group(s), you must list the group or click. If the VIDA staff discovers the minor is a current or ex-gang member, tagger or party crew associate he/she will have 160 hours added to their Academy, unless the group or click was listed.

Siblings: List all the siblings (minor's brothers and sisters) that live in same house as the minor.



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ENROLLMENT INSTRUCTIONS

Email: www.VIDA.LA

Page #3:

Mother's and Father's History Inquiry: If the minor lives with their mother/father, just place an "X" in the "same address of the minor" box. It is not necessary to reprint the mother's/father's address. If the minor has no contact with the mother/father, place an "X" in the no contact with the mother's/father's box. If the minor does not live with either the mother/father, but with a grandmother/grandfather, or other legal guardian(s), place their names in the gender specific mother/father categories. The step/foster mother and father shall be placed in the mother and father area of the enrollment application.

Pages 4-18

There are ten (11) waivers the parent(s) and/or the legal guardian(s) **shall sign** to enroll their child into the Los Angeles County Sheriff's Department VIDA Academy. After the enrollment application has been completed, please refer to page 19 for the final instructions. Note: The search waiver only pertains to the minor, not the parents. The parents/legal guardian as noted shall sign waivers. Your child will not be enrolled into the VIDA Academy, unless all the waivers are signed. Do not amend or alter the waivers.

Important:

Page 16: the Statement of Health Waiver (physician) shall be completed by a medical doctor or equivalent that is authorized to conduct a "sport's physical." An appointment with your doctor may take several weeks to secure, therefore plan ahead.

Thank you for your cooperation,

The VIDA Staff



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Enrollment Application

FOR SHERIFF'S USE ONLY - DO NOT WRITE IN THIS AREA

VIDA START DATE: ___/___/___ CLASS#: _____ REFERRED BY: _____ CHARGE: _____
JAIN: _____ STATUS: ENROLLED DROPPED TERMINATED RECYCLED
REASON FOR DROP OR TERMINATION: VIOLENT OFFENDER MEDICAL PARENT UNCOOP AGED OUT MOVED
IN-CUSTODY OTHER _____ NEXT COURT DATE: ___/___/___
NORTHPOINTE ASSESSMENT COMPLETED BY: _____ DATE: ___/___/___ NORTHPOINTE ID#: _____
DEPUTY REVIEWING APPLICATION: _____ EMPLOYEE #: _____ DATE: ___/___/___

MINOR'S HISTORY INQUIRY

LAST NAME: _____ FIRST: _____ MIDDLE: _____ AGE: _____
DATE OF BIRTH: ___/___/___ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____
SEX: ___ RACE: _____ DRIVER'S LICENSE OR IDENTIFICATION CARD #: _____ STATE: _____
HOME ADDRESS: _____ APT# _____ CITY: _____ ZIP: _____
HOME PHONE: () _____-_____ CELL: () _____-_____ WORK: () _____-_____
IF THE PARENTS ARE DIVORCED OR SEPARATED, WHO DOES THE MINOR LIVE WITH: MOTHER FATHER SHARED
FACE BOOK ACCOUNT NAME: _____ PASSWORD: _____
OTHER EMAIL ADDRESS: _____
TATTOOS: _____ SCARS: _____

DOES THE MINOR LEGALLY DRIVE A MOTOR VEHICLE: NO YES → LIST MOTOR VEHICLE INFORMATION BELOW

VEHICLE MAKE: _____ MODEL: _____ COLOR: _____ LICENSE PLATE #: _____

DOES THE MINOR HAVE CHILDREN: NO YES → (LIST BELOW)

LAST NAME: _____ FIRST: _____ SEX: ___ DATE OF BIRTH: ___/___/___ AGE: _____

LAST NAME: _____ FIRST: _____ SEX: ___ DATE OF BIRTH: ___/___/___ AGE: _____

EMERGENCY CONTACT INFORMATION

DO NOT LIST THE MOTHER'S OR FATHER'S INFORMATION. LIST A LOCAL RELATIVE OR A TRUSTED ADULT FRIEND

LAST NAME: _____ FIRST: _____ RELATIONSHIP: _____

HOME ADDRESS: _____ APT# _____ CITY: _____ ZIP CODE: _____

HOME PHONE: () _____-_____ CELL: () _____-_____ WORK: () _____-_____
A01 1

MINOR'S MEDICAL HISTORY

THE STATEMENT OF HEALTH WAIVER (PAGES 16-17) SHALL BE COMPLETED AND SIGNED BY THE PARENT AND YOUR CHILD'S DOCTOR BEFORE HE/SHE WILL BE ENROLLED INTO THE VIDA ACADEMY.

THE FOLLOWING MEDICAL CONDITION(S) MUST HAVE BEEN DIAGNOSED BY A QUALIFIED MEDICAL PROFESSIONAL.

SEIZURES ASTHMA HEART CONDITION BI-POLAR ADD ADHD OTHER : _____

HAS THE MINOR ATTEMPTED SUICIDE: NO YES → EXPLAIN : _____

MEDICATIONS THE MINOR IS TAKING OR HAVE USED WITHIN THE LAST TWO YEARS

RITALIN ADDERALL DEXEDRINE PROZAC WELLBURTRIN VYVANSE PAXIL ZOLOFT KLONOPIN
CONCERTA RISPERDAL FOCALIN METHYLIN METADATE XANAX PAMELOR CATAPRES EFFECTER

IS THE MINOR ALLERGIC TO PENICILLIN: NO YES OR BEE STING: NO YES → REACTION: _____

OTHER MEDICAL CONDITIONS OR MEDICATIONS PERTAINING TO THE MINOR: _____

MINOR'S SCHOOL INQUIRY

SCHOOL : _____ CITY: _____ PHONE: () _____ - _____

GRADE: _____ GRADE POINT AVERAGE: 4.0 A 3.0 B 2.0 C 1.0 D 0.0 F ATTENDANCE: GOOD FAIR POOR

TYPE OF SCHOOL MINOR ATTEND: CONVENTIONAL CONTINUATION HOME SCHOOL LAC OTHER _____

HAS THE MINOR EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL: NO YES → HOW MANY TIMES: _____

MINOR'S CRIMINAL INQUIRY

GANG: _____ TAGGING CREW: _____ PARTY CREW: _____

LIST MONIKER OR NICKNAMES (OTHER NAMES YOU GO BY): _____

PRIOR ARRESTS, DETENTIONS OR CITATIONS: ROBBERY BURGLARY ANY WEAPON (LIST WEAPON) _____

ASSULT WITH A DEADLY WEAPON WEAPON METH COCAINE ECSTASY POSSESSION FOR SALE OF ANY DRUG

MARIJUANA ALCOHOL THEFT FIGHTING VANDALISM TAGGING TOBACCO OTHER (LIST) _____

IS THE MINOR ON PROBATION: NO YES → FOR WHAT CRIME: _____

NAME OF PROBATION OFFICER: _____ CITY: _____ CELL: () _____ - _____

DOES THE MINOR HAVE SIBLINGS

NO YES → LIST BELOW (USE BACK OF THIS FORM TO LIST ADDITIONAL SIBLINGS)

LAST NAME: _____ FIRST: _____ SEX: _____ DATE OF BIRTH: ____/____/____ AGE: _____

LAST NAME: _____ FIRST: _____ SEX: _____ DATE OF BIRTH: ____/____/____ AGE: _____

LAST NAME: _____ FIRST: _____ SEX: _____ DATE OF BIRTH: ____/____/____ AGE: _____

LAST NAME: _____ FIRST: _____ SEX: _____ DATE OF BIRTH: ____/____/____ AGE: _____

LAST NAME: _____ FIRST: _____ SEX: _____ DATE OF BIRTH: ____/____/____ AGE: _____

LAST NAME: _____ FIRST: _____ SEX: _____ DATE OF BIRTH: ____/____/____ AGE: _____

MOTHER'S HISTORY INQUIRY

IF NOT THE BIOLOGICAL MOTHER, LIST RELATIONSHIP BELOW BIOLOGICAL MOTHER IS DECEASED

ADOPTIVE STEPMOTHER GRANDMOTHER AUNT FOSTER PARENT OTHER → _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____ AGE: _____

DATE OF BIRTH: ____/____/____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

SEX: ____ RACE: _____ DRIVER'S LICENSE OR IDENTIFICATION CARD #: _____ STATE: _____

SAME ADDRESS AS THE MINOR

HOME ADDRESS: _____ APT# _____ CITY: _____ ZIP: _____

HOME PHONE: () _____ - _____ CELL: () _____ - _____ WORK: () _____ - _____

NAME OF EMPLOYER: _____ SOCIAL SECURITY #: ____ - ____ - ____ YEARLY INCOME: _____

EDUCATION: DID NOT GRADUATE HIGH SCHOOL HIGH SCHOOL AA BA/BS ADVANCED DEGREE Ph.D.

MOTHER ON PROBATION OR PAROLE: NO YES → FOR WHAT CRIME: _____

(IF APPLICABLE) PROBATION OF PAROLE OFFICER'S NAME: _____ PHONE: () _____ - _____

MOTHER IN CUSTODY: NO YES → COUNTY JAIL PRISON CHARGE: _____

LENGTH OF SENTENCE: _____ DOES THE MOTHER HAVE CONTACT WITH THE MINOR: NO YES

FATHER'S HISTORY INQUIRY

IF NOT THE BIOLOGICAL FATHER, LIST RELATIONSHIP BELOW BIOLOGICAL FATHER IS DECEASED

ADOPTIVE STEPFATHER GRANDFATHER UNCLE FOSTER PARENT OTHER → _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____ AGE: _____

DATE OF BIRTH: ____/____/____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

SEX: ____ RACE: _____ DRIVER'S LICENSE OR IDENTIFICATION CARD #: _____ STATE: _____

SAME ADDRESS AS THE MINOR

HOME ADDRESS: _____ APT# _____ CITY: _____ ZIP: _____

HOME PHONE: () _____ - _____ CELL: () _____ - _____ WORK: () _____ - _____

NAME OF EMPLOYER: _____ SOCIAL SECURITY #: ____ - ____ - ____ YEARLY INCOME: _____

EDUCATION: DID NOT GRADUATE HIGH SCHOOL HIGH SCHOOL AA BA/BS ADVANCED DEGREE Ph.D.

FATHER ON PROBATION OR PAROLE: NO YES → FOR WHAT CRIME: _____

(IF APPLICABLE) PROBATION OF PAROLE OFFICER'S NAME: _____ PHONE: () _____ - _____

FATHER IN CUSTODY: NO YES → COUNTY JAIL PRISON CHARGE: _____

LENGTH OF SENTENCE: _____ DOES THE FATHER HAVE CONTACT WITH THE MINOR: NO YES



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WAIVER OF RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

In consideration for allowing, _____ (hereinafter referred to as the minor) to
Your child's name
participant in the Los Angeles County Sheriff's Department VIDA program, I _____,
Parent's/guardian's name

(parent or guardian of minor) acting on behalf of the minor, hereby waive, release, and discharge the County of Los Angeles, Sheriff Jim McDonnell, the Sheriff of the County of Los Angeles, and officers, agents, servants, employees or officials of Los Angeles County or the Los Angeles County Sheriff's Department for personal injury and property damage which may hereinafter occur to the minor as a result of the minor's participation in the Los Angeles County Sheriff's Department VIDA program, also known as the Juvenile Intervention Program.

That the County of Los Angeles, Jim McDonnell, the Sheriff of Los Angeles County, officers, agents, servants, employees or officials of the County of Los Angeles or the Los Angeles County Sheriff's Department, and each of them, shall not be responsible or liable for any injury, damage, loss, or expense to the minor or me, or to my property or the minor's property, incurred while accompanying any member or members of the Los Angeles County Sheriff's Department during the performance of their official duties whether the damage, loss or expense occurs by reason of negligence, dangerous condition of public property or otherwise.

For myself, my heirs, executors, administrators, I agree to defend, indemnify and hold harmless the County of Los Angeles, Sheriff Jim McDonnell, the Sheriff of the County of Los Angeles, and officers, agents, servants, employees, or officials of the County of Los Angeles, against any and all manner of action, claims, cause of action, suits, debts, demands or damage or liabilities or expense of any kind and nature incurred or arising by reason of any actual or claimed act or omission of the minor, or injury sustained by minor, while participating in the Los Angeles County Sheriff's Department VIDA program. This includes claims brought by the minor on behalf of the minor.

In the event of sudden illness, accident or injury which may occur while said minor is participating in the Los Angeles County Sheriff's Department VIDA program, and neither the parents, guardian, or designated family physician can be contacted, I hereby give my consent to any physician licensed in the State of California pursuant to Civil Code Section 25.6 to perform such emergency medical treatment as may be necessary under the circumstances. I authorize any member of the Los Angeles County Sheriff's Department to give consent on behalf of the minor for such emergency medical treatment as may be necessary.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____



Los Angeles County Sheriff's Department

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CONSENT TO SEARCH WAIVER

PART TWO OF THE WAIVER OF RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

In consideration for allowing the minor to participate in the Los Angeles County Sheriff's Department, Vital Intervention Directional Alternatives program, this consent to search waiver only extends to the minor, _____, who is a participant in the Los Angeles Sheriff's

Name of minor

Department Vital Intervention Directional Alternatives program.

I, _____, (parent or legal guardian of the above named minor)

Name of parent or legal guardian

acting on behalf of the minor, hereby give, release, and discharge the County of Los Angeles, Sheriff Jim McDonnell, Sheriff of Los Angeles County, and officers, agents, servants, employees or officials of Los Angeles County, my written permission to any police officer or deputy sheriff as defined in chapter 4.5 (commencing with section 830) of the California Penal Code to search my property or property under my control any time of the day or night with or without a warrant.

I, _____, do hereby grant unconditional authorization to any police

Name of minor

officer or deputy sheriff as defined in chapter 4.5 (commencing with section 830) of the California Penal Code, to search my person and property, or property under my control, any time of the day or night, with or without a warrant.

The scope of the search will include, but not be limited to the following: the minor's person, bedroom, desks, computer systems including hard drives and software, closets, dressers, night stands, clothing, duffle bags, suitcases, restroom area, locked and unlocked containers, vehicles, and school or gym lockers.

Items to be searched for will include, but not be limited to the following: controlled substances and articles of paraphernalia, marijuana and articles of paraphernalia, articles commonly used in the sales of a controlled substance, alcoholic beverages, weapons, gang or tagging paraphernalia, records or information that may indicate criminal activity and property that has been listed as stolen in a police report.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will. I hereby agree to the conditions of the Consent to Search as long as I am enrolled in the VIDA program. I understand that as a result of any search, any item(s) of an illegal nature will be seized and may be used in a court of law for the purpose of a criminal prosecution.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Minor (print): _____

Minor (signature): _____ Date: _____



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ALCOHOL AND DRUG WAIVER

Each minor participating in the VIDA Academy is required to submit to a minimum of three (3) urine samples that will show the presence or absence of drugs and/or alcohol in his/her body. The urine samples will be tested for eighteen controlled substances, marijuana and alcohol. The VIDA staff will use the results of these tests to assess a plan of treatment for the participant. The minor's parent(s)/legal guardian(s), probation officer, detective bureau, juvenile court, case managers, counselors, Community Based Organizations or the participant's referring school district will be informed of the test results and the type of substance(s) found in the sample.

The VIDA staff will obtain the urine samples at a time and place when the minor least expects to be tested. This random collection ensures the minor stays "clean" at all times and not just a few days before the tests. Chain of custody and same gender supervision will be in-place at all times during the collection of the samples.

If the participant refused to submit or failed to submit a urine sample for testing, the refusal/failure will be treated as a positive test. Based on the totality of the circumstances, the minor may be recycled into a future VIDA class. The minor may be referred back to the court, probation, detective bureau, or the referring entity for further action. The goal of the drug testing is to identify the participants who might be addicted to drugs and/or alcohol and treat their addiction(s).

If the participant tests positive, the VIDA staff will assess their needed. Based on the totality of the circumstances, the minor may be recycled into a future VIDA class, direct him/her to enroll in a drug rehabilitation facility, or attended substance abuse classes. The VIDA staff and our Community Based Organizations will assist the participant and their families in locating an acceptable rehabilitation facility.

Only under the most compelling circumstances; and after all other options have failed, the positive drug test(s) may be used for criminal prosecution.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Minor (print): _____

Minor (signature): _____ Date: _____



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RELEASE OF SCHOOL RECORDS

I, _____, the parent(s)/legal guardian(s) of the minor,
Name of parent or legal guardian

_____, hereby give my written permission to the follow school
Name of minor

_____, to release all school records (attendance, grades
Name of school

and discipline) that pertain to the above mentioned minor upon request by any deputy sheriff or police officer, as defined in chapter 4.5 (commencing with section 830) of the California Penal Code. The minor is a participant in the Los Angeles County Sheriff's Department, Vital Intervention Directional Alternatives (VIDA) Academy.

I additionally authorize the school to contact the Los Angeles County Sheriff's Department VIDA staff whenever my son or daughter misses two or more consecutive days of school, is tardy, disruptive in class, violates any school rule, suspended, expelled, transfers to another school, or had negative contact with the school police.

This waiver shall remain in effect until the minor's eighteenth (18) birthday, or until revoked in writing by the parent/legal guardian.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Minor (print): _____

Minor (signature): _____ Date: _____



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COUNSELING AGREEMENT/SHARING OF DATA

The counseling component is a mandatory and vital component of the VIDA Academy. I agree to attend and participate with my child in counseling as directed by the VIDA staff, courts, parole officers, probation officers, counselors, Community Based Organizations, case managers, social workers, twelve step support groups, Department of Family and Children Services (DCFS) as needed for the well being of the family unit. If the parent(s) and/or legal guardian(s) refuses to attend counseling, missed two or more counseling sessions, more than 30 minutes late to any two (2) counseling sessions within the sixteen week, the participant may be dropped or terminated from the VIDA Academy.

Substance abuse is not just an individual problem; it affects the family unit. Generally, drug or alcohol abuse is the result of a deeper, underlying issue (i.e. problems at home, school, depression and/or low self-esteem, etc.) In other cases, children and teenagers learn from example. These examples may be learned from family members and friends. As a parent, you set these examples by what you do, not by what you say. If the parent(s), legal guardian(s) or other family members are **using illegal drugs** or **abusing alcohol**, they will be asked to enroll into a substance abuse or alcohol counseling rehabilitation program.

I understand if there are any costs associated with a substance abuse and/or alcohol rehabilitation program, it is my (the under signed) responsibility to cover these costs and is not the responsibility of the VIDA Academy or the Community Based Organizations that assist the VIDA Academy. There are free alcohol and narcotic twelve step support groups located throughout the County of Los Angeles. The VIDA staff or our Community Based Organizations will direct you to the nearest support group.

Additionally, the Los Angeles County Sheriff's Department will share the mental health data, medical and substance abuse data collected from the families enrolled in the VIDA Academy with the court, probation, parole, detective bureau, case managers, Community Based Organizations, counselors and educational institutions for the purpose of intervention, meta-analysis and the well being of the participants and their family.

I hereby represent that I have carefully read and understand all the contents of this document and sign the same of my own free will.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____



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PHOTO AND WRITTEN MATERIAL RELEASE

In consideration for allowing, _____ (hereinafter referred to as minor) to participate in the Los Angeles County Sheriff's Department VIDA Academy I, _____

Your child's name

Parent/legal guardian's name

(parent or guardian of minor) acting on behalf of the minor, hereby give, release, and discharge the County of Los Angeles, Sheriff Jim McDonnell, Sheriff of the County of Los Angeles, and officers, agents, servants, employees or officials of Los Angeles County, my written permission to copyright or publish all photographs, films, drawings and written material in which the minor appears in and/or have written, while involved in the VIDA Academy. I further agree that VIDA may transfer, use or cause to be used, these photographs, films, drawings, and written material for any and all exhibitions, public display, publications, commercials, art and advertising purposes, without limitations, reservations, or any compensation, other than a receipt of which is hereby acknowledged.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Minor (print): _____

Minor (signature): _____ Date: _____



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PHYSICAL TRAINING CLOTHING

Participant's name: _____

Waist size in inches: (Under 27) (28-32) (32-38) (38-42) (42-50)

Height: _____ Weight: _____

All items are embroidered with the VIDA logo

- (1) Green VIDA sweatshirt
- (1) Green VIDA sweat pants
- (1) Green VIDA shorts
- (1) White VIDA t-shirt

Each participant is required to maintain their physical training clothing in good order. If the participant lose, vandalize, destroys their physical training clothing; he/she will have up to 160 hours added to their Academy. The participant must present their physical training clothing to the VIDA staff for review during the Exit Oral Interview. Upon the participant's graduation, he/she will be allowed to keep their physical training clothing.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Minor (print): _____

Minor (signature): _____ Date: _____



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



RULES

1) ATTENDANCE:

VIDA is a sixteen (16) consecutive week Academy that requires the participant to attend an eight (8) hour session on Saturday mornings and a two (2) hour mid-week counseling session. On occasion, the Saturday and/or mid-week hours may be extended or additional days maybe be added at the discretion of the VIDA Staff. The Saturday Academy will include, but not be limited to: Physical training, Close Order Drill (marching), community service, tutoring, life skills and educational tours. The mid-week counseling is mandatory for the participant and their parent(s) and/or legal guardian(s). If the participant is thirty (30) minutes late due to any unexcused event; this will be considered a missed day. If the VIDA participant missed thirty (30) minutes, or cannot participate in any single event during VIDA; this will be considered a missed day. Due to logistics, the educational tours may be conducted on any day of the week. The participant shall complete each of the components of VIDA, or the participant will earn a "fail" for that specific day. A fail is equal to one (1) unexcused absence.

Excused absence:

A parent and/or legal guardian must provide the VIDA staff with a handwritten note or phone call, excusing the participant from any day which VIDA is in session. The VIDA staff must approve each absence or it will be considered an unexcused absence. If the participant is too ill to attend the VIDA Academy, the participant shall stay home, all day, on that specific day. With a valid excuse and the permission of a parent and/or legal guardian, coupled with the permission of the VIDA staff, a participant may miss a total of two days. The participant will fail the VIDA Academy if he/she missed three (3) or more unexcused days.

Unexcused absence:

The participant will fail the VIDA Academy if he/she has one or more unexcused absence(s). If the participant is mandated to the VIDA Academy by the court, probation, or detective bureau, he/she may be subjected to criminal prosecution and/or fines based on their current case.

2) ARRESTS AND CITATIONS:

Any participant who is arrested and/or issued a citation while in the VIDA Academy may have up to 160 hours added to their Academy. If the participant is mandated to the VIDA Academy by the court, probation, or detective bureau, he/she may be subjected to criminal prosecution and/or fines based on their current case. Within (24) twenty-four hours of a detention and/or citation(s), it is the participant's responsibility to inform the VIDA staff of the circumstances surrounding the police contact. Additionally, the participant is to provide the VIDA staff with a copy(s) of their citation(s) he/she has received while in the VIDA Academy. While participating in the VIDA Academy, any criminal act committed between participants or directed towards the VIDA staff (i.e., assault, battery, vandalism, threats of violence, theft, etc.) shall not be tolerated. The VIDA staff has a "zero tolerance" policy for all criminal acts. If the VIDA staff witnesses or receives information that a VIDA participant had committed a criminal act, the person responsible for committing said act would be detained, pending a criminal investigation.

3) DRUG AND ALCOHOL TESTING:

During the sixteen (16) week Academy, the VIDA staff will randomly collect a minimum of three (3) urine samples from the participant. The urine samples will be tested for eighteen (18) controlled substances, marijuana (THC) and alcohol. Same gender supervision will be in-place at all times during the collection of the samples. If the participant tests positive for any controlled substance(s), marijuana, or alcohol they may be required to attend drug and/or alcohol counseling sessions. These additional counseling sessions are NOT included in the mid-week counseling sessions. The participant will be required to spend additional time in counseling.



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



RULES

The participant will also be subjected to additional drug testing. A positive drug test will be forwarded to the court, probation, detective bureau, the referring school district and the participant's parent(s) and/or legal guardian(s). The goal of the drug testing is to treat the participant for their drug addiction. Only under the most compelling circumstances; and after all other options have failed, the positive drug test(s) may be used for criminal prosecution.

4) SCHOOL:

It is mandatory under the California Education Code (commencing with section 48260) that all minors attend school or a school based program. The parent(s) and/or legal guardian(s) are also obligated to compel the minor to attend school. If the parent(s) and/or legal guardian(s) fail to meet their obligation, the parent(s) and/or legal guardian(s) may be arrested pursuant to 270.1(a) of the California Penal Code. The participant shall be respectful to all school administrators, teachers and security personnel. The minor shall improve his/her grades, attendance and citizenship. At the direction of the VIDA staff, the participant may be required to bring weekly proof of their attendance while they are attending the VIDA Academy. Students off track will bring written proof of being off track.

5) DRESS CODE:

The dress code was not created to punish the VIDA participant. Our goal is to keep the participant from being killed or injured due to what he/she is wearing. No baggy clothing or attire that may be described as "gangster" style or "sagging" will be allowed. No pant's sizes larger than two inches over the participant's waist size will be allowed. No canvas belts with military style buckles, with a letter, number or icon on the belt buckle will be permitted. All shoelaces will be black or white and properly laced (no mixed colors). The VIDA staff must approve all other colored shoelaces. All "gang attire" or contraband will be confiscated on-site by the VIDA staff and returned to the parent(s) and/or legal guardian(s) at the end of the day. Parent(s) and/or legal guardian(s) are to remove all "gang attire" from the participant. The VIDA staff will assist the parent(s) and/or legal guardian(s) with the identification of "gang" and "tagging" attire.

Hairstyles:

The participant will maintain a well-groomed hairstyle, which does not restrict their vision and does not qualify as eccentric. Long hair on both males and females shall be placed in a "bun" or similar style for safety. A ponytail or dying of the participant's hair to any "unnatural" color is **NOT** permitted during Saturday and the mid-week counseling sessions. Based on the above guidelines, the VIDA staff will determine what clothing and/or hairstyles are or are not acceptable.

Personal hygiene:

The participant shall maintain good personal hygiene. Mustaches and beards are not permitted in the VIDA Academy. The participant may only have a beard or mustache **with the approval of the VIDA staff**. The participant shall articulate verbally and in writing to the VIDA staff why he must have a beard or mustache. The participant's parent(s) and/or legal guardian(s) must approve piercing or tattooing of the participant's body. As a reminder, it is an infraction/misdemeanor under sections 652/653 of the California Penal Code for any person to "body pierce or tattoo" a minor without a parent and/or legal guardian's permission



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



RULES

Saturday Academy:

The participant shall wear all of their issued VIDA clothing on Saturday morning and **no additional clothing shall be worn** (except gender specific undergarments and one pair of socks). No jewelry, gaming devices, iPod (or similar devices) perfume, cologne and/or a watch shall be worn. Religious jewelry may be worn as long as it does not present a safety hazard and is out of view. Make-up will not be applied unless it is for a medical condition(s).

6) RESPECT: Rules of Courtesy

The participant will be respectful and courteous to everyone, including his/her parent(s)/guardian(s) and family members. The participant will complete his/her home chores and obey the rules of the house, as outlined by his/her parent(s)/guardian and the VIDA staff. Deputy sheriffs, volunteers, fellow participants shall be referred to as "Sir" or "Ma'am" unless directed otherwise by the VIDA staff. Only "positive" dialogue will be exchanged between the participants. The use of "foul" language will immediately result in a research paper or other type or discipline. **Remember, fear is not respect.**

7) HOMEWORK/RESEARCH PAPER:

The VIDA staff and/or tutors will assign homework to the participant for his/her academic enrichment. The VIDA staff may assign a research paper(s) to the participant if he/she violated any of the rules, or as a method to fully understand the participant's actions. The topic of the research paper will reflect the rule(s) the participant violated. Completing and submitting **ALL** the homework and research paper(s) to the VIDA staff is a mandatory requirement for graduation. Homework assignments and research papers are due within seven (7) days of being assigned, unless otherwise indicated by the VIDA staff. If the VIDA staff and/or tutors do not assign a homework assignment, the participant's homework assignment will be to read three (3) newspaper, magazine or Internet articles. The participant shall write one summarizing paragraph on each of their chosen articles and submit both the articles and the paragraphs to the VIDA staff Saturday morning for review. The VIDA staff and/or tutors may periodically alter the homework assignments. If the participant is having difficulties completing their homework assignments or research paper(s) within the seven (7) day time period, **due to academic reasons only**, the participant may request to meet with the VIDA staff. The VIDA staff will provide tutoring, guidance, counseling to the participant, so he/she may successfully complete their assignment(s). After meeting with the VIDA staff, the participant will have three (3) days to complete his/her assignment(s).

8) MID-WEEK COUNSELING:

The VIDA participant shall wear their physical training uniform (green sweat pants, green sweat shirt, green shorts and white VIDA tee shirt) during the midweek counseling, until the VIDA staff directs him/her otherwise. If the participant is allowed to wear civilian attire, no attire that depicts alcoholic beverages, drugs, violence, tagging, gang trends or with sexual overtones will be allowed. Dresses or skirts shall be worn below the knee. Shorts and/or tank tops shall not be worn. The VIDA staff will determine what clothing is or is not acceptable. The participant shall not bring any personal property to the counseling sessions (i.e., laptops, watches, cell phones, gaming/music/video devices, toys, etc), without the permission of the VIDA Staff. Contraband will be seized by the VIDA staff and returned to the participant's parent(s) and/or legal guardian(s) at the end of the counseling session. If the participant continues to bring contraband, it will be seized and returned at the end of the sixteen (16) week Academy.



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Vital Intervention Directional Alternative's Academy



RULES

Completing the counseling workbook is mandatory for both the minor and the parent(s). Any participant who loses, defaces or destroys their workbook will be subject to disciplinary action per rule #10. A parent, who refuses to participate in all aspects of the mid-week counseling sessions, including completing the counseling workbook, may be dropped from the VIDA Academy along with their child.

9) IDENTIFICATION:

As directed by the VIDA staff, it is mandatory the participant obtains and have on their person, at all times, an authorized photographic identification card. The participant is encouraged to obtain a California Identification Card from the Department of Motor Vehicles. With a birth certificate and a social security number, the DMV will issue an identification card to a minor (check with the DMV for the current fees and requirements).

10) VIOLATIONS, DISCIPLINE AND POSITIVE ACTS:

Violations: The VIDA staff will stickily enforce each of the rules. Any violation of a rule(s) will result in the following: Based on the totality of the circumstances, the VIDA staff retains the discretion to either add additional hours (up to 160 hours) to the participant's Academy, recycled the participant into a future VIDA Academy and/or terminate the participant from the VIDA Academy. The VIDA staff may assign a research paper(s) ranging from one (1) to ten (10) pages to the participant in order to fully understand his/her actions and to educate the participant. At the VIDA staff's discretion, the participant will be required to finish their current Academy before starting his/her discipline hours.

Discipline: The participant shall not graduate from the VIDA Academy until he/she have completed all of their disciplinary hours and have submitted all of their homework and/or research paper(s). In many cases, the participant will have to be recycled into a future VIDA class in order to complete all of their disciplinary hours. Each participant must be recommended for graduation by the VIDA staff.

Positive acts: If the participant demonstrates leadership and a drive to improve himself/herself as a positive role model, in all areas of the Academy, the participant may reduce their disciplinary hours. As a positive role model and a guide to others, the participant can help us make a difference.

As a reminder, the participant's person, property or property under the control of the participant is subject to search at any time by any deputy sheriff or police officer as defined in chapter 4.5 (commencing with section 830) of the California Penal Code, anytime of the day or night, with or without a warrant, as long as the participant is enrolled in the Los Angeles County Sheriff's Department VIDA Academy.



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



RULES

If the participant is mandated to the VIDA Academy by the court, probation or detective bureau, he/she may be subjected to criminal prosecution and/or fines based on their current criminal case(s).

I have read, understand and agree to obey the above listed rules labeled as one (1) through ten (10). Additionally, I understand if the participant (undersigned minor) violated a rule(s), based on the severity of the offense and the totality of the circumstances; the participant (undersigned minor) may be detained for a criminal investigation. If the participant (minor) has an active or pending criminal case and violates any of the rules; the court, probation or detective bureau will be noticed of the offense which may result in a criminal filing.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Minor (print): _____

Minor (signature): _____ Date: _____

Return page 15 to the VIDA staff during your enrollment process

The participant (minor) is to retain, read and understand pages 11-14



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



STATEMENT OF HEALTH FOR MINOR

EXAMINING PHYSICIAN

Physical training is one of the components of the Los Angeles County Sheriff's Department VIDA Academy. Each participant will be required to perform various calisthenics outlined in the President's Council of Fitness Challenge such as: Marching (Close Order Drill), circuit training, sit-ups, push-ups, pull-ups, jumping jacks, leg lifts, hiking, sprinting and jogging (1-5 miles and based on the minor's physical abilities). The VIDA staff monitors physical training. The calisthenics are designed to educate the participant as to the importance of physical exercise and maintaining a healthy lifestyle. The Center for Disease Control identified obesity in teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting and immediately reacting to verbal commands, as they relate to physical training and marching drills. The participant will occasionally be required to stand "at-attention" for varied periods of time, not exceeding ten (10) minutes.

The purpose of this waiver is to document the minor, _____, may or may not participate in the above listed physical training activities.

Print: Minor's name

The parent(s)/legal guardian(s) were directed by the Los Angeles County Sheriff's Department VIDA staff to have a physician conduct a physical examination of the above listed minor.

I, _____, am the above listed minor's physician and have conducted a physical examination of said minor. I have read the above activity descriptions and have conducted a physical examination on the above listed minor. Based on my examination of the minor, it is my professional opinion the minor:

Print: Physician name

Able to participate in all of the above indicated physical activities within the VIDA Academy

Shall **NOT** participate in the above stated physical activities for the indicted reason(s):

Examining physician's signature: _____ Date: ____ / ____ / ____

Name of medical office

Address

Phone

Medical Office Stamp



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



STATEMENT OF HEALTH FOR MINOR

PARENT'S EVALUATION

The purpose of this waiver is to allow the minor, _____
Print: Minor's name

to participate in the below listed physical training activities. Physical training is one of the components of the Los Angeles County Sheriff's Department VIDA Academy.

Each participant will be required to perform various calisthenics outlined in the President's Counsel on Fitness such as: Marching (Close Order Drill), circuit training, sit-ups, push-ups, pull-ups, jumping jacks, leg lifts, hiking, sprinting and jogging (1-5 miles). The VIDA staff monitors physical training. The calisthenics are designed to educate the participant as to the importance of physical exercise and maintaining a healthy lifestyle. The Center for Disease Control identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting and immediately reacting to verbal commands as they relate to physical training and marching drills. The participant will occasionally be required to stand "at-attention" for varied periods of time (not exceeding 10 minutes intervals).

To the best of my knowledge, the minor is in apparent good health and is physically and mentally able to participate in the physical training actives of the VIDA Academy as described above.

The participant shall receive medical clearance (page 16) from a physician prior to being enrolled into the VIDA Academy.

I hereby represent that I have carefully read and understand the contents of this waiver and sign the same of my own free will.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



CONSENT TO CRIMINAL HISTORY CHECK

I, _____, the parent(s)/legal guardian(s) of the minor
Print: Name of parent or legal guardian

_____, hereby give my written permission to
Print: Minor's name
the Los Angeles County Sheriff's Department, to conduct a criminal history check (utilizing any and all County and State criminal justice databases) on the above listed minor, for the purposes of enrolling the minor in the Vital Intervention Directional Alternatives Academy. I understand that the purpose of the criminal history check is to aid VIDA staff members in determining the suitability of the minor for the Academy, as well as to assist staff in providing a safe and secure environment for participants and staff.

I additionally authorize the Los Angeles County Sheriff's Department to conduct periodical criminal history checks on my son or daughter as an analytical tool to assist in measuring the success of the VIDA Academy. This information will be used to develop statistical reports to assist VIDA staff in the further development of the Academy. No identifying information on my son or daughter will be contained in the report.

I understand that the contents of a criminal history report are confidential and access to those reports is restricted by California Penal Code, sections 13300. I hereby grant permission to the Los Angeles County Sheriff's Department to share any information contained in the report with those person(s) the Department deems necessary to help my child; i.e., family counselors, drug counselors, mental health professionals or any other community-based organization working with the VIDA Academy.

This consent shall remain in effect until the minor's eighteenth (18) birthday, or until revoked in writing by the parent/legal guardian.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Parent/legal guardian (print): _____

Parent/legal guardian (signature): _____ Date: _____

Minor (print): _____

Minor (signature): _____ Date: _____



Los Angeles County Sheriff's Department

Vital Intervention Directional Alternative's Academy



FINAL INSTRUCTIONS

The families with completed applications and who have submitted ALL the required documents will be enrolled first, No exceptions!!!

Only two Academies will be conducted per calendar year. An Academy will start in early February and graduate in early June. The subsequent Academy will start in early August and graduate in early December. Refer to www.VIDA.LA under the FAQ tab for the exact dates. The VIDA staff will contact you via telephone in order to schedule an assessment interview after you have submitted your completed Enrollment Application.

To secure your child's position in the next Academy, please review your Enrollment Application and ensure the following documents have been properly completed. Below is a check-off list of the documents needed to successfully start the enrollment process for the VIDA Academy.

Use the below check-off list to ensure your Enrollment Application is complete before submitting or meeting with the VIDA Staff:

- Pages 1-3: Correct phone numbers and all the categories have been completed
- Pages 4, 5, 6, 7, 8, 9, 10, 15 and 17: Waivers signed and dated by the parent or legal guardian
- Page 16: The Statement of Health Waiver can only be completed by a medical doctor or equivalent that is authorized to conduct a "sport's physical." An appointment with your doctor may take several weeks to secure, therefore plan ahead.
- Copy of your child's most recent report card or progress report

The enrollment fee of \$75.00 is NOT due until your child have been scheduled for an assessment interview with the VIDA staff. The ONLY two methods of payment accepted are "**money order**" or "**cashier's check**" made payable to: **Sheriff's Youth Foundation**. The enrollment fee is non-refundable, but will not be collected unless your child is enrolled into the VIDA Academy. The VIDA staff shall NOT accept "**cash**" or "**personal check**."

Thank you for your cooperation,

The VIDA Staff