



PART-TIME (RESERVE) LAW ENFORCEMENT CLASS

Tuition: \$400

Application deadline is 30 days prior to start of class. All correspondence should be sent to:

**Harrison County Law Enforcement Training Academy
P.O. Box 1480
Gulfport, MS 39502**

All application packets should include:

- **Original application and one copy**
- **Recent photograph of officer**
- **Proof of medical insurance (worker's comp and major medical)**

If you have any questions, please contact the academy at 228-863-1767 or email academy@harrisoncountysheriff.com.

**Harrison County Law Enforcement Training Academy
Part-time (Reserve) Law Enforcement Training Class**

General Information

- **Payment by check, money order, or agency purchase order is due one week prior to the beginning of class. The tuition of \$400 will be refunded in a prorated amount should an officer not complete the entire course (failures will not result in a refund).**
- **Payment should be made payable to: Mississippi Gulf Coast Community College.**
- **Please make sure application is completed in full; signatures are required in several places.**
- **Please note that part-time officers must meet the same physical fitness standards as full-time officers.**

DEFENSIVE DRIVING SEGMENT

This section addresses the condition of the vehicle needed for Defensive Driving class.

The vehicle:

- Must have a windshield with no cracks obstructing the driver's view.
- Must have doors that close and lock properly.
- Must have properly functioning brakes with good pads and properly adjusted.
- Must have all seat belts working properly.
- Must have all lug nuts on all wheels.
- Must have tires with good tread depth.
- Must have at least one spare tire with good tread and functioning jack for the vehicle being used.
- All wheel covers must be removed.
- Must have all emergency equipment working properly (lights, siren, P.A., etc.)
- Must have seat adjustment in good working order.
- Must have transmission in good working order.
- Must have all lights working properly (headlights, taillights, turn signals, etc.)
- Must have adequate fluid levels, e.g., oil, transmission fluid, brake fluid, battery water, etc.
 - Cadets may want to bring additional fluids as necessary, such as brake fluid, motor oil, etc.

Note – if a cadet is to drive a vehicle from another agency, the cadet must have written permission from his/her agency and the lending agency.

Dear Applicant:

Certain information is required to process your application in order to be accepted into a basic law enforcement class.

Furthermore, please respond to the following questions:

- 1) Have you ever been arrested? If so, by whom and for what?

- 2) Have you ever been convicted of a crime, either misdemeanor or felony?
If so, where and for what?

- 3) Have you ever had an alcohol or drug dependency? If so, please list:

- 4) Please identify the caliber of your sidearm (the Academy will provide ammunition for firearms training).



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

PART-TIME BASIC TRAINING PACKET MEMORANDUM

Dear Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation, a reimbursement supplement and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet (pages 1 - 8) to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted). With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (BLEOST) has enhanced fitness standards for law enforcement candidates. Trainees will be participating in vigorous physical fitness training and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Trainees with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. **The procedures for completing these forms are as follows:**

| <u>Title/Page Number</u> | <u>Usage</u> | <u>Disposition</u> |
|--|--|---|
| Memorandum | page i Provide information to the trainee's agency & to the examining physician | To be read and used by the agency and the attending physician, then discarded |
| Law Enforcement Officer's Duties & Working Conditions | page ii Provide information to the attending physician and to the applicant | To be read by the physician and the applicant, then discarded |
| Physical Fitness Requirements | page iii Provide information to the physician and to the applicant | To be read by the physician and the applicant, then discarded |
| Medical Examination Report Health Questionnaire | pages 1 & 2 Provide the physician with the trainee's current health information | To be completed by the trainee and agency then given to the physician prior to the trainee's examination |
| Medical Examination Report Physical Fitness Examination | pages 3, 4 & 5 To determine the applicant's ability to participate in the physical fitness program | To be completed and signed by the physician and returned to applicant's agency |
| NCIC Report and HS Diploma or GED Salary Information | page 6 Provide information to BLEOST for certification and reimbursement purposes | To be completed by the agency |
| Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver | page 7 To swear and affirm the validity of the information given within this document to the training academy and to BLEOST | To be signed and dated by the agency head or authorized signee and by the applicant |
| Application for Training & Personal Information Summary | page 8 Provide training eligibility information to the training academy and to BLEOST | To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training |

If you have any questions, please call the BLEOST staff at (601) 987-3096.

INFORMATION FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. **The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.**

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

1. Use of Firearms
2. Driving Emergency Vehicles
3. Handcuff Prisoners
4. Administer First Aid
5. Rescue Operations
6. Lifting & Carrying 0-70 lbs.
7. Direct Traffic
8. Subdue Prisoners
9. Pursue Suspects
10. Walking-Lateral Mobility
11. Walking Rough Terrain
12. Bending
13. Stooping
14. Crouching
15. Sitting
16. Standing
17. Standing-Long Periods
18. Kneeling
19. Twisting Body
20. Pushing
21. Pulling
22. Running
23. Sense of Touch
24. Reaching
25. Gripping Hands & Fingers
26. Climbing Stairs
27. Climbing Ladders
28. Hearing Alarms
29. Hearing Voice Conversation
30. Color Identification
31. Close Vision
32. Far Vision
33. Side Vision-Depth Perception
34. Night Vision
35. Maintaining Balance
36. Operating Passenger Vehicles
37. Finger Dexterity
38. Speaking

Working conditions for law enforcement officers may include, but may not be limited to, the following:

1. Exposure to the Sun
2. Exposure to Inside Temperature Extremes
3. Exposure to Outside Temperature Extremes
4. Dampness
5. High Humidity
6. Noisy Work Areas
7. Work at Heights
8. Work in Confined Space
9. Work in Crowded Areas
10. Working Alone
11. Work with Inmates
12. Exposure to Intense Light
13. Exposure to Noxious Odors
14. Work on High Ladders
15. Working in Remote Locations
16. Wearing Helmets
17. Wearing Safety Glasses
18. Wearing Chemical-Resistant Clothing
19. Wearing Ear Plugs-Muffs
20. Wearing Rubber Boots
21. Exposure to Bee Stings
22. Exposure to Poison Oak
23. Exposure to Dust or Pollen
24. Exposure to Fumes
25. Air Travel
26. Working Long Hours
27. Working with Adult Mental Patients
28. Working Night Shifts
29. Working Day Shifts
30. Working Weekends
31. Exposure to Tobacco Smoke
32. Exposure to Other Smoke
33. Working at High Elevation
34. Working With Mentally Retarded Persons
35. Providing Remote Emergency Medical Assist.
36. Scuba Diving

INFORMATION FOR THE PHYSICIAN - CONTINUED

Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the trainee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

Beginning July 1, 1995, the BLEOST will require all board-approved training academies to administer an entry physical fitness test for those trainees reporting to the 10-week basic training program. The examination will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those trainees who fail the examination must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of four components: Flexibility, agility run, push-ups, and a 1 ½ mile run. It is the same test administered at the end of the program with one exception: The entry examination requires 50% to pass while the final test mandates 70%. This new requirement does not relieve trainees from participating in P.T. training once they pass the entry requirement. Trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate. It is important that all trainees understand this since even a physically fit person who has engaged in poor eating or drinking habits before reporting could fail the test.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

| AGE GROUPS ► | | 20-29 | | 30-39 | | 40-50+ | |
|--|-------|-------|--------|-------|--------|--------|--------|
| | Score | Male | Female | Male | Female | Male | Female |
| AGILITY RUN (maximum allowed times for each group measured in seconds) | 100% | 15:90 | 17:80 | 16:40 | 18:90 | 17:35 | 20:55 |
| | 70% | 18:60 | 21:10 | 19:10 | 22:20 | 20:05 | 23:85 |
| | 50% | 20:40 | 23:30 | 20:90 | 24:40 | 21:85 | 26:05 |
| TRUNK FLEXION (minimum required flexion for each group measured in inches) | 100% | 25 | 26 | 24 | 25 | 23 | 24 |
| | 70% | 11 | 12 | 10 | 11 | 9 | 10 |
| | 60%* | 3 | 4 | 2 | 3 | 1 | 2 |
| 1.5 MILE RUN (maximum allowed times for each group measured in minutes) | 100% | 9:00 | 10:48 | 10:00 | 12:00 | 11:00 | 13:12 |
| | 70% | 14:30 | 17:18 | 15:30 | 18:30 | 16:30 | 19:42 |
| | 50% | 18:10 | 21:38 | 19:10 | 22:50 | 20:10 | 24:02 |

* There are no 50% measurements for the trunk flexion event.

| AGE GROUPS ► | | 17-21 | | 22-26 | | 27-31 | | 32-36 | | 37-41 | | 42-46 | | 47-51 | | 52 + | |
|--|-------|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|------|----|
| | Score | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| PUSH-UPS (minimum required in a two minute time limit) | 100% | 82 | 58 | 80 | 56 | 78 | 54 | 73 | 52 | 72 | 48 | 66 | 45 | 62 | 41 | 56 | 40 |
| | 70% | 52 | 28 | 50 | 26 | 48 | 24 | 43 | 22 | 42 | 18 | 36 | 17 | 32 | 13 | 26 | 12 |
| | 50% | 32 | 13 | 30 | 11 | 28 | 10 | 23 | 9 | 22 | 8 | 18 | 7 | 17 | 6 | 12 | 6 |

MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

**To be completed by the applicant & the applicant's agency.
Print or type in ink**

Applicant's Name

Doctor's Name

Applicant's Department/Agency

Name of Office or Clinic

Department's Address

Clinic's Address

Telephone Number

Telephone Number

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B, and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered Yes in this questionnaire. Write your own account in Sections B and C. Include diagnosis and dates.

SECTION A - check each condition or ailment that applies **Yes** or **No**.
Explain each **Yes** answer in **Section B** and list physicians consulted in **Section C**.

| Condition | No | Yes | Hosp | Condition | No | Yes | Hosp |
|---|----|-----|------|--|----|-----|------|
| 1. Head injury | | | | 24. Sensitivity to dust | | | |
| 2. Back trouble, pain | | | | 25. Other allergies | | | |
| 3. Any defect of bones/joints including amputations, dislocations or breaks | | | | 26. Frequent colds | | | |
| 4. Lameness | | | | 27. Cancer, malignancy | | | |
| 5. Rheumatism, arthritis | | | | 28. Tumor, growth, cyst | | | |
| 6. Trick/locked knee, knee injury | | | | 29. Complications from childhood diseases | | | |
| 7. Foot trouble | | | | 30. Polio | | | |
| 8. Eye injury, surgery, disease | | | | 31. Rheumatic fever | | | |
| 9. Wear or have worn glasses/contacts | | | | 32. Heart trouble, circulatory trouble | | | |
| 10. Hard of hearing, hearing problems | | | | 33. High, low blood pressure | | | |
| 11. Wear or have worn a hearing aid | | | | 34. Varicose veins | | | |
| 12. Headaches | | | | 35. Pernicious anemia, leukemia, other blood disorders or ailments | | | |
| 13. Mental illness, nervous breakdown | | | | 36. Hepatitis, jaundice, other liver ailments | | | |
| 14. Addiction to drugs, alcohol | | | | 37. Diabetes, sugar in urine | | | |
| 15. Fainting, dizzy spells | | | | 38. Ulcers, other stomach trouble | | | |
| 16. Epilepsy, fits | | | | 39. Colitis | | | |
| 17. Any disorder of the nervous system | | | | 40. Gall bladder trouble | | | |
| 18. Tuberculosis, other lung trouble | | | | 41. Kidney/bladder trouble | | | |
| 19. Shortness of breath | | | | 42. Piles/hemorrhoids | | | |
| 20. Asthma | | | | 43. Rupture/hernia | | | |
| 21. Bronchitis | | | | 44. Mononucleosis | | | |
| 22. Allergic reaction to poison oak, ivy | | | | 45. HIV/ARC/AIDS | | | |
| 23. Skin trouble | | | | | | | |

PHYSICAL FITNESS EXAMINATION

Name _____ Age ____ Male ____ Female ____ Height _____ Weight _____

THRESHOLD WEIGHT TABLE

| Height in Inches | Threshold Weight | Height in Inches | Threshold Weight |
|---------------------|---------------------|---------------------|---------------------|
| 52 | 75 | 69 | 176 |
| 53 | 80 | 70 | 184 |
| 54 | 85 | 71 | 192 |
| 55 | 89 | 72 | 200 |
| 56 | 94 | 73 | 209 |
| 57 | 99 | 74 | 217 |
| 58 | 105 | 75 | 226 |
| 59 | 110 | 76 | 235 |
| 60 | 116 | 77 | 245 |
| 61 | 121 | 78 | 255 |
| 62 | 128 | 79 | 265 |
| 63 | 134 | 80 | 275 |
| 64 | 141 | 81 | 285 |
| 65 | 147 | 82 | 297 |
| 66 | 154 | 83 | 307 |
| 67 | 161 | 84 | 318 |
| 68 | 168 | | |

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS

| MALE | AGE GROUPS | | | |
|---------------|------------|-------|-------|-------|
| | 20-29 | 30-39 | 40-49 | 50-59 |
| % of Body Fat | 20.4 | 23.5 | 25.5 | 27.1 |
| FEMALE | AGE GROUPS | | | |
| | 20-29 | 30-39 | 40-49 | 50-59 |
| % of Body Fat | 27.7 | 28.9 | 32.1 | 35.6 |

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this individual's present weight of _____ pounds to be: ____ satisfactory; ____ excessive; ____ deficient. Under proper medical supervision, the applicant should: ____ lose / ____ gain - _____ lbs.

Comments: _____

1. **VISUAL ACUITY** (If applicant wears glasses, test and record with and without glasses.)

With Glasses right 20/___ left 20/___ both 20/___ Fields of Vision right ___ left ___
Depth Perception ___ Color Perception ___
W/out Glasses right 20/___ left 20/___ both 20/___

Note any abnormalities or comments: _____

2. **HEARING** right 15/___ left 15/___

Drum perforation or damage: _____

Hearing aid ___ (Normal hearing is generally considered to be able to distinguish the words in a whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: _____

3. **HEAD** Note any injury, deformity or disease involving:

nose and sinus _____ throat and neck _____

mouth _____ teeth and jaw _____

Note any abnormalities or comments: _____

4. **LUNGS** Note any abnormalities or comments: _____

5. **CARDIOVASCULAR SYSTEM**

action blood pressure pulse sounds rhythm

at rest _____ / _____ _____ _____ _____

after moderate exercise _____ / _____ _____ _____ _____

two minutes after moderate exercise _____ / _____ _____ _____ _____

Circulation to extremities: _____

EKG results: _____
(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

6. **MUSCULO-SKELETAL SYSTEM** (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility ____ Symmetry ____ Posture ____ Upper Extremities ____ Lower Extremities ____

Note any abnormalities or comments: _____

7. **NERVOUS SYSTEM** Note any abnormalities or comments: _____

8. **ABDOMEN, RECTAL** Note any abnormalities or comments: _____

9. **GENITO-URINARY** Urinalysis: Specific gravity ____ Sugar ____ ALB ____

Note any abnormalities or comments: _____

10. **SKIN** Note any abnormalities or comments: _____

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? ____ If yes, explain on a separate 8 1/2 by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii, do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? ____
If so, explain on a separate 8 1/2 by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? ____ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? ____ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated? ____ If **not**, please explain on a separate 8 1/2 by 11 sheet of paper.

PHYSICIAN'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee **is** physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of the Attending Physician

Date of Examination

Signature of the Attending Physician

Attach a copy of the applicant's NCIC Report and proof of successful completion High School education (e.g. - High School Diploma or GED) to the top left corner of this page.

SALARY INFORMATION

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

NOTE: As of July 1, 1998 any officer (law enforcement trainee) who is not certified within two years from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.

Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly salary in the amount of \$_____ during his or her part-time basic training.

Attach the applicant's payroll voucher below, if needed.

PART-TIME

NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the _____ Academy and will be considered on active duty status, with my organization, during his or her training period.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee

Date

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into _____ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

Signature of Applicant (sign in ink)

Date Signed

APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY

Agency or Department _____

Dept.'s Address _____ Dept.'s Phone Number _____

Street or Post Office Box _____ City _____ Zip _____

Name of Applicant _____ Social Security Number _____

Last, First Middle

Date of part-time Employment _____ Place of Birth _____ Date of Birth _____

Home Address _____ Home Phone Number _____

Street or Post Office Box _____ City _____ Zip _____

Total criminal justice experience (years) ____ . Criminal justice training completed ____ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? ____ First Aid Card? ____

High School Graduate ____ or G. E. D. ____

Name of School _____ City _____ State _____

College Attended _____

Degrees held or College Units (credit hours) earned _____

Military Experience _____

of Years _____ Rank _____ Branch of Service _____

Spouse's Name _____ Child's Name(s) _____

Special Skills _____

Languages _____ Hobbies _____

Family Doctor _____ Known Allergies _____

Emergency Contact & Phone Number _____ Alternate Contact & Phone Number _____

Attach the applicant's photograph below. Trim the photograph to fit.