

AUBURN POLICE DEPARTMENT

REGIONAL LAW ENFORCEMENT CADET PROGRAM

MEMBERSHIP APPLICATION



APPLICANT INFORMATION

All information in this application will be kept confidential.

Full Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____
Home Cell

Date of Birth ___/___/___ Age ___ Height ___ Weight ___ Hair ___ Eyes ___

Social Security _____ Drivers License _____

E-mail _____ School _____

Year of Graduation _____ Current GPA _____ School Phone _____

Are you currently involved in any extracurricular activities (sports, church, job)?

Will these activities interfere with your Cadet duties (2 meetings, 2 hours monthly and/or APD functions)? _____

Have you had any traffic violations (tickets) in the past 5 years? _____
If so, please explain (date/department) _____

Have you had any academic problems in school? _____ If so, explain _____

Have you ever been arrested or detained by the Police for any reason? _____
If so, explain _____

Has your drivers license ever been canceled, refused, revoked or suspended? _____
If yes, explain - in detail - on the back of this page.

PARENT/GUARDIAN INFORMATION

Items with * will be used for emergency contact only.

Full Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____
Home *Work Cell

*Occupation _____ *Employer _____

Parent E-mail _____ Date of Birth ____/____/____

Social Security (optional) _____

EMERGENCY CONTACT INFORMATION

Name Relationship Phone

Name Relationship Phone

PERSONAL REFERENCES

List three references. These should be people NOT related to you who know you well.

Name Phone

Name Phone

Name Phone

How did you hear about the Auburn Police Department’s Cadet Program? _____

Are you willing to attend all scheduled meetings and events? _____

Are you willing to follow all rules and regulations established by the APD’s Regional LE Cadet Program? _____

What is your shirt size? (for uniform/shirt) _____

PERSONAL HEALTH HISTORY

Check all items that apply - past or present - to your health history. This is for informational purposes only. All medical information disclosed will be used to better accommodate applicants; this information is NOT grounds for disqualification.

Do you have any allergies - food, medicine, insects, plants? Yes _____ No _____

If yes, explain _____

	Yes	No
ADHD	_____	_____
Asthma	_____	_____
Cancer/Leukemia	_____	_____
Diabetes	_____	_____
Heart Trouble	_____	_____
Hemophilia	_____	_____
High blood pressure	_____	_____
Kidney Disease	_____	_____

Do you have any problems with the following (please circle):

- | | | | | | |
|---------|---------|--------|---------|----------------|---------|
| Walking | Running | Head | Neck | Arms | Legs |
| Torso | Fingers | Hands | Toes | Eyes | Ears |
| Mouth | Teeth | Skin | Bones | Heart | Kidneys |
| Lungs | Knees | Ankles | Muscles | Nervous System | |

List any medications _____

List any physical or behavioral conditions that may affect or limit full participation _____

List any equipment needed, such as braces, glasses, contact lenses, wheelchair, etc. _____

Name of personal physician _____ Phone _____

Health/accident insurance carrier _____ Policy Number _____

PARENT AUTHORIZATION

This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities, except as noted by me. If I cannot be reached in the event of a serious illness or injury, I hereby consent to emergency medical treatment, x-ray, anesthesia, medical or surgical diagnostic procedure or treatment that is considered necessary in the best judgment of emergency medical technicians/ paramedics and/or attending physician. I also understand that it is my responsibility to update any medical or health information to the post advisors when necessary. I further agree to contact a post advisor if at any time I would like to discuss my child’s physical health/well-being in a private setting.

Signature _____ Date _____

EMERGENCY MEDICAL RELEASE FORM BY CONSENTING ADULT

To be completed by applicant - or by parent/guardian if applicant is under **18** years of age.

I do hereby consent for myself/my child to receive any necessary emergency medical treatment that becomes necessary as a result of participation in any activities with the Auburn Police Department’s Regional Law Enforcement Cadet Program. I (we) do hereby separately, and severally, release and forever discharge all employees or members of the Auburn Police Department, and the Auburn Police Department’s Regional Law Enforcement Cadet Program, or any other authorized participating persons, firms, or organizations from any present and future liabilities as a result of authorized emergency medical treatment on my child’s behalf. This consent includes treatment by authorized medical personnel, including but not limited to emergency medical technicians, paramedics and physicians.

Applicant’s Signature _____ Date _____

Parent/Guardian’s Signature _____ Date _____

PHOTO RELEASE/CONSENT & WAIVER BY CONSENTING ADULT

To be completed by applicant - or by parent/guardian if applicant is under **18** years of age.

I do hereby give permission to the Auburn Police Department’s Regional Law Enforcement Cadet Program and the program advisors and coordinators to use any photography, video or audio transmissions of myself/ my child for promotional or advertisement purposes related to Program activities.

Applicant’s Signature _____ Date _____

Parent/Guardian’s Signature _____ Date _____

Program Coordinator _____ Date _____

APPLICANT’S CONSENT, AGREEMENT & CONFIRMATION

To be completed by applicant - or by parent/guardian if applicant is under **18** years of age.

My signature affirms that all the information provided in this application is true and correct and any attempt to give false information, written or oral, with the intent to mislead the representatives of the Auburn Police Department’s Regional Law Enforcement Cadet Program will result in my membership application being immediately rejected. If I am accepted for membership, and it is later determined that false or misleading information was deliberately provided in the application process, I acknowledge that I will be dismissed immediately from the Program.

I understand that I will be asked to participate in various Post activities and functions as the result of my appointment to the Program. I affirm that I am in good physical condition and consider myself physically capable of performing the activities and functions necessary to be a participant. I further understand that my participation in the Program is of my own choice and at my own risk, and I commit to being drug, alcohol and gang free while I am a member.

Whereby the Auburn Police Department needs to thoroughly investigate my personal history, employment and scholastic record, I hereby authorize any representative of the Auburn Police Department bearing this release to obtain any information pertaining to my records. I authorize a review of and full disclosure of all records, whether such records are public, private, or confidential in nature. The intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of determining my suitability for the Cadet program, and this information shall not be used or released for any other purpose. A photocopy or fax of this release form will be valid as an original. The APD reserves the right to conduct annual (or semi-annual) background checks if Program advisors feel that this action is warranted.

Being over eighteen (18) years of age, I do hereby release and forever discharge the City of Auburn, the Auburn Police Department, members of the Auburn Police Department’s Regional Law Enforcement Cadet Program and all other persons, firms or corporations participating in said program from any and all liability of every kind and character, including injury to the person or property of myself in connection therewith or in any way related thereto. I do further hereby agree to indemnify and hold harmless the City of Auburn, the Auburn Police Department, members of the Auburn Police Department’s Regional Law Enforcement Cadet Program, its agents, servants, or employees and all other persons safe and harmless from any liability, lawsuit, claim or damages occasioned by or resulting from any suit or claim brought by me, or brought on my behalf, as the direct or indirect result of participation in said program or in any way related thereto.

Signature of Applicant

Signature of Parent/Guardian

Date

Date