

PEARLAND POLICE DEPARTMENT YOUTH CADET PROGRAM

2555 Cullen Pkwy., Pearland, TX 77581

Officer R. Cohen, Lead Mento - 281-997-4217 - Rcohen@pearlandtx.gov



MEMBER APPLICATION

Welcome to the Pearland Police Department Youth Cadet Program. The Police Youth Cadet Program offers hands-on learning activities as well as classroom-based learning that promotes the growth and development of young people with an interest in a law enforcement career.

It is important that you answer each question accurately and completely. If a question does not apply to you, please indicate by marking the line "N/A." If an answer to any question requires more space than has been provided on the form, please either complete your answer on the back of the page or attach additional sheets of paper as necessary.

Please be assured that your information will be kept confidential and will not be released to any unauthorized persons.

PERSONAL INFORMATION

APPLICANT NAME: _____, _____, _____
LAST FIRST MIDDLE

ADDRESS: _____
CITY ZIP

HOME PHONE NUMBER: _____ CELL/PAGER NUMBER: _____

DOB: _____ AGE: _____ SEX: Male Female HEIGHT: _____ WEIGHT _____

DL STATE: _____ DL #: _____ EMAIL: _____

PARENT/GUARDIAN INFORMATION

(Complete if under 18 years of age)

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE NUMBER: _____ CELL/PAGER NUMBER: _____

EMAIL: _____

SCHOOL INFORMATION

SCHOOL ATTENDING: _____ GRADE/RANK: _____

SCHOOL ADDRESS: _____, _____ CITY _____ ZIP _____

OVERALL GRADE AVERAGE: (circle one) A B C D

Have you received negative discipline relating to conduct or grades while attending this school? _____

If yes, explain: _____

MEMBERSHIP IN SCHOOL ORGANIZATIONS

	GROUP	POSITION	CONTACT PERSON
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

EMPLOYMENT

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____, _____ CITY _____ ZIP _____

POSITION: _____ SUPERVISOR: _____

Will attendance at Youth Cadet classes adversely affect your attendance at work? _____

If yes, will you be able to schedule time off in advance for attendance at special events? _____

CRIMINAL HISTORY

Have you ever been arrested, detained by police or charged with any criminal offense, including a traffic citation? (Circle one) YES NO

If yes, explain in detail all facts pertinent including what agency and outcome:

HEALTH INFORMATION

Are you currently under a doctor's care for any disability or chronic illnesses? _____

If yes, explain: _____

Are you taking any medication? _____ If yes, list: _____

Have you had any serious injuries, illnesses or surgeries? _____

If yes, explain: _____

Do you have any condition that you feel may restrict your ability to perform under stress or limit your participation in physically challenging exercises? _____ If yes, explain: _____

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness.

Applicant's Signature

Date

Parent/Guardian's Signature
(If Applicant is under 18 years of age)

Date

DO NOT WRITE IN THIS BOX

Date application submitted: _____ Is application complete? Yes No

Release Forms (check if on file): Information Release ___ Liability/Treatment _____

Media Release _____ Sensitive Materials Authorization _____

Date of Interview: _____ Approved for membership? ___ If no, explain: _____

PEARLAND POLICE DEPARTMENT YOUTH CADET PROGRAM

INFORMATION RELEASE FORM

I, _____, hereby authorize any presently or previously attended school, to disclose to the Pearland Police Department Youth Cadet Program Mentors and Command Staff, any records or other information, either written or verbal, which may assist them in evaluating my application for membership. I further authorize the Pearland Police Department to investigate all information contained in this application. I understand my acceptance into the Pearland Police Youth Cadet Program shall be subject to dismissal if any information in this application is false or misleading, or if I have not disclosed any information requested in this application. I agree to abide by all Pearland Police Department Youth Cadet Program and Pearland Police Department policies, rules, regulations, General Orders, and Standard Operating Procedures.

Applicant's Signature

Date

Parent/Guardian's Signature
(If Applicant is under 18 years of age)

Date

**PEARLAND POLICE DEPARTMENT YOUTH CADET
PROGRAM**

MEDICAL RELEASE/ TREATMENT AUTHORIZATION

I, _____, being the parent and /or legal guardian of _____, do hereby authorize the Pearland Police Department Youth Cadet Program Mentor(s) to act as an agent for the undersigned parent/guardian in the event of illness or injury occurring to my son/daughter while involved in activities related to my child's membership in the Pearland Police Department Youth Cadet Program. I consent to the X-ray examination, anaesthesia and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. This authorization shall remain effective as long as said youth participates with Pearland Police Department Youth Cadet Program, unless revoked sooner in writing and delivered to the Lead Unit Mentor.

Insurance Company: _____

Policy No.: _____

Personal Physician: _____

Telephone No.: _____

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

PEARLAND POLICE DEPARTMENT YOUTH CADET PROGRAM

SENSITIVE MATERIALS AUTHORIZATION

Major components of the Pearland Police Department Youth Cadet Program include the Police, the Courts, and Corrections. Participants will be discussing real life situations that contain mature subject matter as it relates to the Criminal Justice process (e.g. homicide, gang activity, sexual assault, the death penalty, alcohol and drug abuse, domestic violence, etc.) All visual materials used in the classroom will be actual law enforcement training videos/pictures appropriate for the course. In addition, some videos taped from the major networks, the Public Broadcasting System, and various documentaries may be shown if in compliance with Federal copyright laws. Some videos may depict graphic violence, contain adult content, or adult language. All videos are of an instructional or educational nature and no videos (movies) are shown for entertainment purposes. All videos shown will be previewed by the instructor before use. Participants who believe a particular video to be offensive will be provided with the opportunity to complete another assignment in lieu of viewing the particular video.

I have read the above information pertaining to the Pearland Police Department Youth Cadet Program, and I approve of my child's participation in the program.

Applicant's Printed Name

Parent/Guardian's Signature

Date

**PEARLAND POLICE DEPARTMENT YOUTH CADET
PROGRAM**

MEDIA RELEASE

I hereby consent to and authorize the use of any and all photographs and/or video images taken during approved academy events and activities without compensation. I understand that any such photographs and/or recordings will be used solely for the Pearland Department Youth Cadet Program public relations purposes.

Applicant's Printed Name

Applicant's Signature

Date

Parent/Guardian's Signature
(If Applicant is under 18 years of age)

Date