



# WHITE SETTLEMENT POLICE DEPARTMENT PUBLIC SAFETY CADETS APPLICATION FOR MEMBERSHIP



NAME						
	LAST	FIRST		MIDDLE		
RACE		DOB		AGE		GENDER
ADDRESS						
	STREET/APARTMENT NUMBER					
CITY		STATE		ZIP CODE		
EMAIL						
HOME PHONE				CELL PHONE		
LIST ALL SOCIAL MEDIA HANDLES						
DRIVER'S LICENSE/ID CARD NUMBER				DL/ID STATE		
CURRENT SCHOOL						
CURRENT GRADE LEVEL						
EMPLOYER						

DO YOU UNDERSTAND THAT YOU WILL BE REQUIRED TO ATTEND REGULARLY SCHEDULED MEETINGS? YES  NO

### FIRST PARENT INFORMATION SECTION

PARENT NAME						
PARENT DOB		PARENT RELATIONSHIP				
ADDRESS						
	STREET/APARTMENT NUMBER					
CITY		STATE		ZIP CODE		
EMAIL						
HOME PHONE				CELL PHONE		

### SECOND PARENT INFORMATION SECTION

PARENT NAME						
PARENT DOB		PARENT RELATIONSHIP				
ADDRESS						
	STREET/APARTMENT NUMBER					
CITY		STATE		ZIP CODE		
EMAIL						
HOME PHONE				CELL PHONE		



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## EMERGENCY CONTACT INFORMATION SECTION

NAME			
DOB		RELATIONSHIP	
ADDRESS			
	STREET/APARTMENT NUMBER		
CITY		STATE	ZIP CODE
EMAIL			
HOME PHONE		CELL PHONE	

DO YOU HAVE A FAMILY MEMBER INVOLVED IN LAW ENFORCEMENT? YES  NO

IF YES, PLEASE PROVIDE NAME AND DEPARTMENT:

NAME		DEPARTMENT	
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## MEDICAL INFORMATION SECTION

LIST ANY MEDICAL ISSUES, PROBLEMS, ALERTS OR ALLERGIES THAT WSPD MENTORS SHOULD BE AWARE OF TO PROTECT YOUR HEALTH AND SAFETY, INCLUDING THE HEALTH AND SAFETY OF OTHER PUBLIC SAFETY CADETS:


ALLERGIES:


MEDICATIONS:


MEDICAL INSURANCE		POLICY #	
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## PERSONAL HISTORY SECTION

HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER BEEN DISCIPLINED AT SCHOOL? YES  NO

IF YES, PLEASE EXPLAIN:




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HAVE YOU EVER BEEN EXPELLED FROM SCHOOL? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER BEEN ARRESTED? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE THE POLICE EVER BEEN CALLED ON YOU? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER RECEIVED A TRAFFIC CITATION OR WARNING? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER DETAINED BY A POLICE OFFICER OR SHERIFF'S DEPUTY? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU HAD ANY OTHER OFFICIAL CONTACT WITH LAW ENFORCEMENT? YES  NO

IF YES, PLEASE EXPLAIN:


ARE THERE ANY CUSTODY OR FAMILY ISSUES THAT MAY AFFECT YOUR PARTICIPATION IN THE PROGRAM? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER USED ILLEGAL DRUGS? YES  NO

IF YES, PLEASE EXPLAIN:




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HAVE YOU EVER CONSUMED ALCOHOLIC BEVERAGES? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER PURCHASED OR SOLD DRUGS? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER BEEN INVOLVED WITH A GANG OR SIMILAR ORGANIZATION? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER TRIED OR USED ANY MEDICATIONS THAT WERE NOT YOURS? YES  NO

IF YES, PLEASE EXPLAIN:


HAVE YOU EVER USED ANYTHING OUTSIDE OF ITS INTENDED MEANS OR PURPOSE WITH THE INTENT TO GET HIGH? YES  NO

IF YES, PLEASE EXPLAIN:


### CONSENT SECTION

YOU WILL BE REQUIRED TO REMAIN DRUG, NICOTINE, AND ALCOHOL FREE IF ACCEPTED INTO THE PUBLIC SAFETY CADETS PROGRAM AND MAY BE SUBJECT TO RANDOM DRUG TESTING AT THE DEPARTMENT'S COST. DO YOU AGREE TO THESE REQUIREMENTS? YES  NO

YOUR SIGNATURE	
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SIGNATURE DATE	
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### SUITABILITY SECTION

LIST ANY OTHER GROUPS, CLUBS, SPORTS, OR ORGANIZATIONS THAT YOU PARTICIPATE IN:


HOW DID YOU LEARN ABOUT THE PUBLIC SAFETY CADETS PROGRAM?




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WHAT ARE YOUR CAREER GOALS?


WHY DO YOU WANT TO JOIN THE WHITE SETTLEMENT POLICE DEPARTMENT PUBLIC SAFETY CADETS PROGRAM?


### APPLICANT CERTIFICATION OF TRUTH DISCLOSURE

By signing and submitting this application for membership, I (my child) affirm(s) that the information provided is true and accurate. Any information found to be false or misleading will **automatically disqualify** you (your child) from becoming a member of the White Settlement Police Department Public Safety Cadets Program and may negatively affect any future employment with our agency. Submission of this application is **NOT** a guarantee of acceptance. If accepted into the Public Safety Cadets Program, I (my child) understand(s) that you may be required to submit your report cards quarterly (to verify GPA) to the Lead Mentor or representative, to consent to random drug testing, and to consent to thorough background check to include review of your criminal history, social media, educational records, and any and all contacts you have had with law enforcement. Additionally, I (my child) understand(s) that Public Safety Cadets are **NOT** compensated and are **NOT** considered employees of the City of White Settlement. Public Safety Cadets are volunteers and serve at the discretion of the White Settlement Police Department and its representatives.

APPLICANT PRINTED NAME	
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APPLICANT SIGNATURE	DATE	
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***IF APPLICANT IS UNDER 18 YEARS OF AGE, PARENT MUST COMPLETE BELOW:***

PARENT PRINTED NAME	
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PARENT SIGNATURE	DATE	
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### COORDINATOR SECTION

COORDINATOR	
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REVIEW DATE	
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NOTES	

APPROVED: YES  NO