



# SHEBOYGAN POLICE DEPARTMENT PUBLIC SAFETY CADET PROGRAM



## -- APPLICATION --

### APPLICANT INFO

Name (First, M.I., Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Facebook name: \_\_\_\_\_

School: \_\_\_\_\_ Grade level: \_\_\_\_\_ Gender: \_\_\_\_\_

Have you been a Cadet or Explorer previously? If so, where? \_\_\_\_\_

### PARENT/GUARDIAN – EMERGENCY CONTACT INFO

Name (First, M.I., Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### PARENT/GUARDIAN – EMERGENCY CONTACT INFO

Name (First, M.I., Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

**\* Applicants are subject to a review of police contacts/criminal history \***

Official Use Only – review completed: Y / N By: \_\_\_\_\_ Date: \_\_\_\_\_

# SHEBOYGAN POLICE DEPARTMENT PUBLIC SAFETY CADET PROGRAM

In fall of 2019, the Sheboygan Police Department transitioned away from our Exploring Program. We have since developed a Public Safety Cadet Program to better serve the participants and Sheboygan Police Department. As we progress through this transitional period, please be aware that this adjustment will bring changes and further information along the way. We thank each of you for understanding this and look forward to greater opportunities.

With acceptance of the title, "Cadet", you will be accepting additional responsibilities. Cadets must recognize that the policies of our Cadet Program and the Sheboygan Police Department are to be followed and that our values are non-negotiable. Cadets are a constant representation of our department and community, whether participating in department or Cadet Program functions at the time or not. Therefore, a Cadet is prohibited from behaviors that reflect poorly upon themselves, the Cadet Program, and the Sheboygan Police Department.

We understand that each Cadet will be unique; possessing varying skills, abilities and interests. Cadets will not be forced to participate in any function/activity, but must acknowledge that being engaged in these opportunities will aid their progression through our program.

Cadets agree that photographs of our Cadets will be used on social media sites and websites operated by the City of Sheboygan, as well as the Public Safety Cadet Program.

Cadets agree to contact advisors/superiors to report absences from post meetings/functions.

Cadets agree to follow requests from law enforcement officers.

Cadets agree to adhere to policies of the Public Safety Cadets Program, the Sheboygan Police Department, and City of Sheboygan.

Cadets agree to conduct themselves, at all times, in a way that mirrors the values of the Sheboygan Police Department and the Public Safety Cadets Program.

Cadets agree to adhere to any changes in procedure, police, or direction from law enforcement officers.

I, \_\_\_\_\_ (Cadet name), agree to accept the responsibilities of a Cadet in the Sheboygan Police Department's Public Safety Cadet Program. I understand that this position is voluntary and without compensation. I understand that my role as a Cadet may be terminated by the Sheboygan Police Department or the Public Safety Cadet Program, at any time, for any reason.

Sign below:

\_\_\_\_\_ (Cadet) Date: \_\_\_\_\_

\_\_\_\_\_ (Cadet's parent/guardian) Date: \_\_\_\_\_

\_\_\_\_\_ (Cadet Advisor) Date: \_\_\_\_\_

**COMPLETE ATTACHED PSC AGREEMENT AND LEGAL WAIVER FORM**

