



EFFINGHAM POLICE DEPARTMENT PUBLIC SAFETY CADETS APPLICATION



LAST FIRST MI

ADDRESS

CITY STATE ZIP CODE

TELEPHONE DATE OF BIRTH CURRENT AGE

SEX: MALE FEMALE Email Address: _____

DO YOU HAVE A DRIVER'S LICENSE? YES NO

If yes, Driver's License #: _____ Driver's License State: _____

SCHOOL YOU'RE ATTENDING: _____
NAME CITY/STATE/ZIP CODE

PLACE OF EMPLOYMENT PARENT EMAIL ADDRESS

PARENT/GUARDIAN NAME ADDRESS/CITY/STATE/ZIP TELEPHONE

What would you like to see out of the program?

Have you ever been charged / arrested for a traffic offense? YES NO

If yes, what was the charge and date?

Have you ever been charged / arrested on a criminal charge? YES NO

If yes, what was the charge and date?

Have you ever undergone treatment or sought counseling for drug-related problems? YES NO

If yes, explain in detail below:

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Alcohol / Liquor Consumption:

Describe in your own words, the frequency and extent of your use of intoxicating liquors:

Declare if you have used or tried any of the substance below **EVEN ONCE** (excluding legitimate prescriptions). List any other substances / controlled substance you have taken not listed below.

You will be questioned on this information during your background interview later in the process.

Substance	Date First Used	Date Last Used	Total # of Times Used	Avg Times Used (per week, month)	Total Time Used (# of months/yrs)	Never Used, NOT EVEN ONE TIME
Marijuana/Hashish						
Amphetamines/Speed						
Methamphetamine						
Cocaine/Crack						
Heroin						
Inhalants						
LSD						
PCP						
Barbiturates/Tranquilizers						
Hallucinogenics						
Ecstasy						
Steroids						
Other						

*****Month and year must be included, particularly if the use was within the past five (5) years.*****

(Attach extra copies of this section if necessary to provide a complete history)

Have you ever sold drugs or narcotics to anyone?

YES

NO

If yes, explain in detail:

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Have you ever given or furnished drugs or narcotics to anyone?

YES

NO

If yes, explain in detail:

Is there any reason that would disqualify you from becoming a member of the Effingham Police Department Public Safety Cadets program?

YES

NO

If yes, please explain:

Are you interested in Law Enforcement?

YES

NO

By submitting a completed and signed application for enrollment, I give my permission for the Effingham Police Department to conduct a check into my background. I also understand that any false information included in this application will be reasonable grounds for my disqualification to participate in the Effingham Police Departments Public Safety Cadets program.

SIGNED

DATE

Parent/Guardian Signature

DATE

EFFINGHAM POLICE DEPARTMENT PUBLIC SAFETY CADETS APPLICATION

NEW UNIFORM

DATE

LAST

FIRST

MI

PANT SIZE:

WAIST

INSEAM

SHIRT SIZE: S M L XL XXL

JACKET SIZE: S M L XL XXL

NOTE: All uniforms are property of the Effingham Police Department. They must be turned back in to the Effingham Police Department when leaving the Public Safety Cadets program.

Signature of Subject: _____

Signature of Adviser: _____

EFFINGHAM POLICE DEPARTMENT PUBLIC SAFETY CADETS APPLICATION

RELEASE AND WAIVER FORM

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR CITY OF EFFINGHAM RIDE-ALONG PROGRAM

PLEASE READ CAREFULLY

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING IN THE ABOVE PROGRAM, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES ARISING OUT OF THIS PROGRAM THAT YOU OR THE ABOVE PARTICIPANT MIGHT SUSTAIN. THE TERMS "I," "ME," AND "MY" ALSO REFER TO PARENTS OR GUARDIANS AS WELL AS THE PARTICIPANTS IN THE PROGRAM. IN REGISTERING FOR THE PROGRAM, YOU ARE AGREEING AS FOLLOWS:

AS A PARTICIPANT IN THE PROGRAM, I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY, AND I AGREE TO ASSUME THE FULL RISK OF ANY INJURIES, INCLUDING DEATH, DAMAGES OR LOSS WHICH I MAY SUSTAIN AS A RESULT OF PARTICIPATING, IN ANY MANNER, IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH SUCH PROGRAM. I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT ALL ACTIVITIES INVOLVING STRENUOUS EXERTION OR POTENTIAL BODY CONTACT ARE HAZARDOUS ACTIVITIES AND INVOLVE SUBSTANTIAL RISKS OF INJURY.

I, AGREE TO WAIVE AND RELINQUISH ANY AND ALL CLAIMS I MAY HAVE AS A RESULT OF PARTICIPATING IN THE PROGRAM AGAINST THE CITY OF EFFINGHAM POLICE DEPARTMENT, ANY AND ALL OTHER PARTICIPATING OR COOPERATING GOVERNMENTAL UNITS, ANY AND ALL MENTAL BODIES AND INDEPENDENT CONTRACTORS, AND ANY AND ALL OTHER PERSONS AND ENTITIES, OF WHATEVER NATURE, THAT MIGHT BE DIRECTLY OR INDIRECTLY LIABLE FOR. PARTIES DESCRIBED IN THE PRECEDING SENTENCE ARE REFERRED TO AS "RELEASED PARTIES" IN THE REMAINDER OF THIS AGREEMENT.

I, DO HEREBY FULLY RELEASE AND DISCHARGE THE CITY OF EFFINGHAM POLICE DEPARTMENT AND THE OTHER RELEASED PARTIES FROM ANY AND ALL CLAIMS FOR INJURIES, INCLUDING DEATH, DAMAGE OR LOSS WHICH I MAY HAVE OR WHICH MAY OCCUR TO ME ON ACCOUNT OF MY PARTICIPATION IN THE PROGRAM.

I, FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE EFFINGHAM POLICE DEPARTMENT OF THE CITY OF EFFINGHAM, AND ANY AND ALL OTHER RELEASED PARTIES, FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES, INCLUDING DEATH, DAMAGES AND LOSSES SUSTAINED BY ANYONE, AND ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH MY CONDUCT AND THE ACTIVITIES OF THE PROGRAM.

I, FURTHER UNDERSTAND AND AGREE THAT THE TERMS SUCH AS "PARTICIPATION," "PROGRAM," AND "ACTIVITIES" REFERRED TO IN THIS AGREEMENT, INCLUDE ALL EXERCISES AND PHYSICAL MOVEMENTS OF ANY NATURE WHILE I AM PARTICIPATING IN THE PROGRAM, AND FURTHER INCLUDE THE PROVISION OF OR FAILURE TO PROVIDE PROPER INSTRUCTIONS OR SUPERVISION, THE USE AND ADJUSTMENT OF ANY AND ALL MACHINERY, EQUIPMENT, APPARATUS, AND ANYTHING RELATED TO MY USE OF THE SERVICES, FACILITIES, OR PREMISES INVOLVED IN THE PROGRAM.

I, UNDERSTAND THE NATURE OF THE PROGRAM FOR WHICH I AM REGISTERING, AND HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT. I, FURTHER UNDERSTAND THAT ANY ADVISEMENTS OR WARNINGS OF THE PARTICULAR RISKS OF THIS PROGRAM THAT I SUBSEQUENTLY RECEIVE WILL BE INCORPORATED BY REFERENCE INTO AND BECOME A PART OF THIS AGREEMENT.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE



PUBLIC SAFETY CADETS – AGREEMENT AND LEGAL WAIVER FORM

AGREEMENT AND LEGAL WAIVER

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Public Safety Cadets program (hereinafter "Cadets Program"). I understand that my participation in the Cadets Program is voluntary and at an "at will" status; and that the sponsoring agency/organization, acting through its Cadets Program Unit, is free to discharge me without cause and I am free to discontinue participation in the program at any time. I understand the importance of providing accurate medical information, I certify that all information provided is accurate, and I acknowledge that there are no undisclosed physical limitations that would prevent me from participating in all aspects of the Cadets Program. I understand that participation in the Cadets Program involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the Cadet Program activities. I agree that approved Mentors and program volunteers may provide transport during Cadets Program activities. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian, if listed below.

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

With appreciation of the dangers and risks associated with the Cadets Program, I hereby release, acquit and forever discharge the Public Safety Cadets, the partnering agency/organization and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which I may have against the Cadets Program, whether known or unknown, which result from, arise from, or are related in any way to my participation in the Cadets Program or any activities or events related thereto. I hereby agree to hold harmless Public Safety Cadets and the partnering agency/organization from and against any and all claims which result from, arise from, or are related in any way to my participation in the Cadets Program excluding only claims that are attributable to the gross negligence or willful misconduct of Public Safety Cadets and/or the partnering agency/organization.

Should I require emergency medical care while participating in the Cadet Program, I hereby give sponsoring agency/organization personnel my permission to use their judgment in obtaining care for me and I give permission to the medical care provider selected by the Cadet Program personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered. I understand that Public Safety Cadets or the sponsoring agency/organization is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. I warrant that I understand the content of the foregoing authorization and release. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

WAIVER FOR CONSENT FOR PHOTOGRAPHS

I do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadets Program. I also give my consent for the Public Safety Cadets and/or the partnering agency/organization, including any Division or unit therein to use my name, likeness, image, appearance, and biographical information ("Image"), in, on or in connection with any photographs, pictures, digital images, websites programs, printed materials and any and all media, whether now known or hereafter developed, throughout the world at any time, for the legitimate purposes of Public Safety Cadets. I hereby expressly waive all claims for royalties or other compensation related to any such use of my Image or related information and release Public Safety Cadets and the partnering agency/organization from any and all liability which may arise as a result of being photographed while participating in the Cadets Program, and for the subsequent use and display of the Image. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Public Safety Cadets and the sponsoring agency/organization retains the right to use the aforementioned Image for the purposes stated herein, whether or not I continue to be involved in the Cadets Program, absent my written revocation of consent.

I understand that Public Safety Cadets shall have no obligation to use the Image, and that all creative decisions regarding the use of the Image shall be at the sole discretion of Public Safety Cadet's or the sponsoring agency/organization.

By signing below, all Cadet Applicants, Parents, Guardians, Partnering Agency/Organization Unit Mentors have read, understand, and agree to all conditions listed herein.

I acknowledge and agree that this Release & Waiver is binding upon me, my heirs, assigns and legal representatives:

Cadet Signature: _____

Date: _____

Cadet Printed Name: _____

If participant is a minor child, I, as his/her parent/legal guardian, agree on his/her behalf:

Parent/Guardian Signature: _____

Date: _____

Print Name: _____