NEW APPLICANT - $35 ☐	DATE

POLICE DEPARTMENT

Protect and Serve

CADET MEMBERSHIP APPLICATION

CADET UNIT #9911

APPLICANT INFORMATION

Last Name | *First Name* | *Middle Initial* | *Date of Birth* (/ /)

Home Address | *City, State, ZIP*

Cell Phone | *Social Media Username(s)* | *Primary Email*

School | *Current Grade Level* | *GPA*

EMPLOYMENT

Current Employer | *Position* | *Dates*

Address | *City, State, ZIP*

Primary Phone | *Supervisor Name and Phone Number*

EMPLOYMENT

Past Employer | *Position* | *Dates*

Address | *City, State, ZIP*

Primary Phone | *Reason for Leaving* | *Supervisor Name and Phone Number*

LIST ANY ACTIVITIES, GROUPS, TEAMS, VOLUNTEER, ETC. YOU HAVE BEEN A PART OF

Name | *Type of Activity* | *Dates*

Name | *Type of Activity* | *Dates*

Name | *Type of Activity* | *Dates*

PAST RESIDENCE

Address | *City, State, ZIP*

Who did you live with? | *Dates*

PHONE 262.335.5000 FAX 262.335.5028
350 VINE STREET, WEST BEND, WI 53095
WWW.WESTBENDPOLICECADETS.ORG

LIST ANY LAW ENFORCEMENT CONTACTS

Agency | *Offense* | *Date*

Describe nature of contact

Did you receive a citation, arrest, or charge? | *Outcome of Citation/Charge/Arrest*

LAW ENFORCEMENT CONTACT

Agency | *Offense* | *Date*

Describe nature of contact

Did you receive a citation, arrest, or charge? | *Outcome of Citation/Charge/Arrest*

LAW ENFORCEMENT CONTACT

Agency | *Offense* | *Date*

Describe nature of contact

Did you receive a citation, arrest, or charge? | *Outcome of Citation/Charge/Arrest*

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PARENT / GUARDIAN – PRIMARY EMERGENCY CONTACT

Last Name | *First Name* | *Middle Initial*

Address | *City, State, ZIP*

Primary Phone | *Email:*

PARENT / GUARDIAN – PRIMARY EMERGENCY CONTACT

Last Name | *First Name* | *Middle Initial*

Address | *City, State, ZIP*

Primary Phone | *Email:*

MEDICAL/SPECIAL NEEDS

Medical considerations (Allergies, physical, etc.)

Special Needs (Learning disabilities, mental health diagnoses, etc.)

LIST ANY SPECIFIC INTERESTS IN LAW ENFORCEMENT

LIST ANYTHING ELSE WE SHOULD KNOW ABOUT YOU

ATTACH ADDITIONAL SHEET IF NEEDED TO DOCUMENT ALL INFORMATION.

DO NOT EXCLUDE ANY INFORMATION. BE THOROUGH AND DETAILED.

I certify that the information provided on the above application is true and factual. I understand that if any information is false or withheld, my membership could be denied or revoked. I understand that I will be required to sign a Background Release Waiver, and a background investigation will be conducted. If my membership to the West Bend Police Cadet program is approved, I will follow all rules and regulations set by the Public Safety Cadets the West Bend Cadets Unit and the West Bend Police Department.

Print Name of Applicant | *Signature of Applicant* | *Date*

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