LUBBOCK POLICE YOUTH CADET PROGRAM

MEMBER APPLICATION

Welcome to the Lubbock Police Department Youth Cadet Program. The Police Youth Cadet Program and Summer Academy 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 leave it blank. 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. If the applicant is over the age of 18 the sensitive material waiver does not apply.

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

Applications can be e-mailed or turned in to

Lubbock Police Headquarters
1205 15th St, Lubbock, TX 79401
Program Coordinator Officer Jackie Trevizo
806-696-0968 jtrevizo@mylubbock.us

PERSONAL INFORMATION

APPLICANT NAME: _____, _____ _____
LAST FIRST MIDDLE

ADDRESS: _____ _____ _____
CITY ZIP

CELL NUMBER: _____E-MAIL: _____

DOB: _____ AGE:_____SEX: Male Female HEIGHT: _____ WEIGHT_____

DL/ID STATE: _____ DL/ID #:_____

SHIRT SIZE: **S M L XL 2XL 3XL 4XL**

** EMERGENCY CONTACT ** / PARENT / GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ _____ _____
CITY ZIP

CELL NUMBER: _____2ND NUMBER:_____

EMAIL: _____

**SECONDARY EMERGENCY CONTACT **

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ _____ _____
CITY ZIP

CELL NUMBER: _____2ND 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 the Youth Cadet Program / Summer Academy affect your attendance at work?

_____

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

CRIMINAL HISTORY

Have you ever been arrested or 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, dates, and outcome:

_____

_____

_____

_____

_____

_____

_____

HEALTH INFORMATION

Are you currently under a doctor's care for any disability, chronic illnesses, or any medical condition we need to be aware? 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: _____

_____

_____

Any Known Allergies:

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. I understand that any false or misleading information stated on this application could result in removal of my application. I certify that all information on this application is true.

_____ _____

Applicant's Signature Date

_____ _____

Parent/Guardian's Signature Date

(If Applicant is under 18 years of age)

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: _____

LUBBOCK POLICE DEPARTMENT YOUTH CADET PROGRAM

INFORMATION RELEASE FORM

I,_____, hereby authorize any presently or previously attended school or employment to disclose to the Lubbock Police Department Youth Cadet Program Coordinators, 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 Lubbock Police Department to investigate all information contained in this application to include a full criminal background check. I understand my acceptance into the Lubbock Police Youth Cadet Program or Summer Academy 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 Lubbock Police Department Youth Cadet Program and Lubbock Police Department policies, rules, regulations, General Orders, and Standard Operating Procedures.

_____
Applicant's Printed Name

_____ _____
Applicant's Signature Date

_____
Parent/Guardian's Printed Name

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

LUBBOCK POLICE DEPARTMENT YOUTH CADET PROGRAM

HARMLESS RELEASE AGREEMENT

I understand that participation in Lubbock Police Department Youth Cadet Program or Summer Academy activities (such as but not limited to rappelling, ride-a-long program, physical agility courses, defensive tactics, driving course, etc.) involves a certain degree of inherent risks and dangers to my property and person, do hereby agree and assume the risks attendant to such activity, to include property damage and physical injury. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release and hold harmless the City of Lubbock and Lubbock Police Department, the Lubbock Police Department Youth Program coordinators, mentors, and all employees, or other organizations associated with the activities, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise out of this participation. It is further agreed that the execution of this release shall not constitute a waiver by the City of Lubbock of the defense of government immunity, where applicable, or other defense recognized by the Courts of this State.

_____
Applicant's Printed Name

_____ _____
Applicant's Signature Date

_____
Parent/Guardian's Printed Name

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

LUBBOCK POLICE DEPARTMENT YOUTH CADET PROGRAM

MEDICAL RELEASE / TREATMENT AUTHORIZATION

I, _____, being the parent and /or legal guardian of _____, do hereby authorize the Lubbock Police Department Youth Cadet Program or Summer Academy 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 Lubbock Police Department Youth Cadet Program or Summer Academy. 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 the Lubbock Police Department Youth Cadet Program or Summer Academy, unless revoked sooner in writing and delivered to the Unit Coordinator or Lead Mentor.

Insurance Company: _____

Policy No.: _____

Personal Physician: _____

Telephone No.: _____

_____

Applicant's Signature (if over the age of 18 years of age)

_____

Parent/Guardian's Printed Name

_____ _____

Parent/Guardian's Signature Date

LUBBOCK POLICE DEPARTMENT YOUTH CADET PROGRAM

SENSITIVE MATERIALS AUTHORIZATION

Major components of the Lubbock Police Department Youth Cadet Program and Summer Academy include Police, 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 major networks, 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 Lubbock Police Department Youth Cadet Program and Summer Academy, and I approve of my child's participation in the program.

_____
Applicant's Printed Name

_____
Parent/Guardian's Printed Name

_____ _____
Parent/Guardian's Signature Date

LUBBOCK POLICE DEPARTMENT YOUTH CADET PROGRAM

MEDIA RELEASE

I hereby assign and grant to the City of Lubbock and Lubbock Police Department the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of myself and/or my child, during any Lubbock Police Youth Cadet events or Summer Academy and I hereby release the City of Lubbock and Lubbock Police Department from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the City of Lubbock and Lubbock Police Department, and I specifically waive any right to any compensation I may have for any of the foregoing.

_____
Applicant's Printed Name

_____ _____
Applicant's Signature Date

_____
Parent/Guardian's Printed Name

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