



NEW APPLICANT - \$35 <input type="checkbox"/>	DATE
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POLICE DEPARTMENT
Protect and Serve

CADET MEMBERSHIP APPLICATION

CADET UNIT #9911

APPLICANT INFORMATION			
_____	_____	_____	____/____/____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Date of Birth</i>
_____		_____	
<i>Home Address</i>		<i>City, State, ZIP</i>	
_____	_____	_____	
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Primary Email</i>	
_____		_____	_____
<i>School</i>		<i>Current Grade Level</i>	<i>GPA</i>
<i>Allergies, Special Needs, Health Considerations:</i>			

<i>List Any Special Police Interests:</i>			

<i>List Any Citations & Arrests Dates, Offenses, and Agencies:</i>			

PARENT / GUARDIAN – PRIMARY EMERGENCY CONTACT		
_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
_____		_____
<i>Address</i>		<i>City, State, ZIP</i>
_____	_____	
<i>Primary Phone</i>	<i>Secondary Phone</i>	

PARENT / GUARDIAN – SECONDARY EMERGENCY CONTACT		
_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
_____		_____
<i>Address</i>		<i>City, State, ZIP</i>
_____	_____	
<i>Primary Phone</i>	<i>Secondary Phone</i>	

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.

_____	_____	_____
<i>Print Name of Applicant</i>	<i>Signature of Applicant</i>	<i>Date</i>