

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			
Home Phone	Cell Phone	Cell Phone Primary Email		
School		Current Grade Level	GPA	
Allergies, Special Needs, Health Considerations:				
List Any Special Police Interests:				
List Any Citations & Arrests Dates, Offenses, and	Agencies:			
4				
PARENT / G	Guardian – Primary Emergency	CONTACT		
Last Name	 First Name		Middle Initial	
Address	City, State, ZIP			
Primary Phone	Secondary Phone	,		
Parent / Guardian — Secondary Emergency Contact				
Last Name	First Name		Middle Initial	
	C'' C' . 770			
Address	City, State, 21P			
Primary Phone	Secondary Phone	3		
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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	
Primary Phone  PARENT / GL  Last Name  Address  Primary Phone  I certify that the information provided on the withheld, my membership could be denied of and a background investigation will be cond	Secondary Phone  JARDIAN — SECONDARY EMERGENCE  First Name  City, State, ZIP  Secondary Phone  e above application is true and factual. I under revoked. I understand that I will be required ucted. If my membership to the West Bend	derstand that if any infred to sign a Backgrou Police Cadet program nit and the West Bend	formation is false nd Release Waiv is approved, I w	