

Town of Fishkill Police Department Explorer Post 3049
801 Route 52 Fishkill, NY 12524
Cadet Application

Date: _____

Applicant's Name: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Street Address: _____

Home Telephone: _____ Work Telephone: _____

Occupation: _____ School: _____ Grade: _____

Education Complete: _____ Drivers License #: _____

Male/ Female Height: _____ Ft/In Weight: _____ LBS

Eye Color: _____ Hair: _____ Frame: _____

Are you a US Citizen: _____ Place of Birth: _____

Have you been convicted of any crime?: _____

Do you have any disabilities? _____

If you answered yes to any of the above please explain: _____

Do you use illegal drugs?: _____

List any prescription drugs that are taken regularly: _____

Why do you want to be a police cadet?: _____

Do you plan on following a police career?: _____

List your hobbies: _____

How did you learn of the cadet program: _____

The above is correct to the best of my knowledge: _____

Applicant Signature

List two character references:

1. Name: _____

Address: _____

Telephone #: _____

2. Name: _____

Address: _____

Telephone #: _____

Mothers Name: _____

Address: _____

Address: _____

Home Telephone #: _____

Home Telephone #: _____

Work Telephone #: _____

Work Telephone #: _____

Fathers Name: _____

Emergency Contact Name: _____ Relationship: _____

Telephone #: _____

Doctors Signature of Good Physical Health: _____

Office Address: _____

--DO NOT WRITE BELOW THIS LINE--

Date of Application: _____ Processed By: _____

Interview Date: _____ Interviewed By: _____

Background Check By: _____ Fee Paid/ Amount: _____

Comments: _____

Approval: YES NO If No Why

Approved By: _____	_____
Senior Cadet Advisor	Cadet Advisor
_____	_____
Cadet Major	Cadet Captain

Office Telephone #: _____

Cadet Parents:

As I have taken over all the responsibilities of the Cadet Program, I want to be aware of the training that your son/daughter will participate in as a member of the program. Listed below are the training programs I will be using. As in all police training, there are some items I feel the parents should be aware of, and the cadet should have his or her parents' approval to participate.

1. Various videos- Minor foul language is used to illustrate points; drunks, deranged, etc.
2. Firearms safety- Classroom instruction. Firearms will be handled by the cadets (unloaded and safe) with a certified firearms instructor
3. Firearms firing- Two certified instructors will be on the range with the cadets along with myself. (A separate permission slip will be sent home prior.)
4. Self defense- Physical contact is used.
5. Handcuffing- Physical contact is used.
6. Vehicle and Traffic Stops- Classroom instruction with hands on scenarios in the parking lot.

7. Vehicle and Traffic Law- Classroom instruction.
8. Penal Law- Classroom instruction.
9. Criminal Procedure Law- Classroom instruction.
10. Traffic direction- No moving vehicles used during training.
11. Physical fitness- Minor PT will be done for the duration of the program. Please address any medical problems.
12. Ride-along with Police Officers- Cadets 16 and over with prior approval of Senior Advisor.
13. Communications- answering telephones and using the computer with a police dispatcher.
14. Field Trips- Trips will be conducted on a regular basis. Permission slips must be signed before a cadet attends a trip.

There will be much more training available to the cadets, but it is too lengthy to list. I would ask that you sign the bottom of this form giving your permission for your son or daughter to participate. Each quarter report card must be shown to me for review.

Thank you,

Police Officer Robert Faust
Cadet Senior Advisor

I _____ give my child _____ permission
(Parent or Guardian) (Child's Name)

to participate in the Town of Fishkill Cadet Program. My signature also signifies that the information in this application is true and accurate to the best of my knowledge.

Signature of Parent/ Guardian

Date

Medical Release Form

The undersigned parent(s) /guardian(s) of _____, a member, applicant, or guest of the Town of Fishkill Police Cadets, Explorer Post #3049 hereby grants and gives permission to the employees, volunteers, and members of the Town of Fishkill Police Department, its Cadet Program, Explorer Post #3049, to administer medical attention to _____ in emergency situations and if necessary enlist the

aid of local emergency services personnel for medical aid and transportation. In all emergency situations, the undersigned parent(s) /guardian(s) will be notified of the status of _____. The undersigned understand that the insurance provided Scouting/Exploring volunteers through the BSA General Liability Insurance program is excess over any other insurance the volunteer might have. I, the undersigned, will forward all medical information requested by the Post for the Explorer's safety, such as health plans, Explorer's blood type, Doctor's name, Emergency Contact names/ phone numbers, etc.

Applicant's Signature

Date

Parent/Guardian Signature
(If Explorer is under 18yrs old)

Date

Hold Harmless and Release Form

The undersigned parent(s) /guardian(s) of _____, a member, applicant, or guest of the Town of Fishkill Police Cadets, Explorer Post #3049, hereby indemnifies and holds harmless the Town of Fishkill, its Police Department, its agencies and employees, specifically including any and all Police Officers or personnel involved with the supervision and control of the Town of Fishkill Police Cadets, Explorer Post #3049, from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of _____, his/her parents, siblings or heirs. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the Town of Fishkill, its servants, agents, employees, volunteers, and particularly the Police Officers engaged in the agreement and the Terms therein apply to all volunteers, agencies, employees, etc. in which the Town of Fishkill Police Cadets, Explorer Post #3049, officially participate with.

Applicant's Signature

Date

Parent/guardian Signature
(If Explorer is under 18yrs old)

Date