

# **Application**

**For The**

## **Tyler Police Department**

### **Public Safety Cadets**

### **Program**





The Tyler Police Department  
Public Safety Cadet Unit #310  
711 W. Ferguson St. 903-531-1096  
Tyler, TX 75702 FAX 903-531-1069



## Cadet Application

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Attached are the forms that are required to be completed to be admitted into the Public Safety Cadets Program at the Tyler Police Department. Specifically, these forms should be attached:

1. Requirements and Process
2. General Information Form
3. Consent for Fingerprints and/or Images
4. Medical Form
5. Hepatitis B Vaccination Declination Form
6. Hold Harmless and Release Form
7. Public Safety Cadets – Agreement and Legal Waiver Form

All of the attached should be completed as best as possible. If the applicant is under the age of 18, all forms must be signed by a parent or legal guardian.

**An application is not complete until all forms are completed and are accompanied by a current copy of their school grades and the registration fee of \$15.**

Questions can be forwarded to Officer Chris Sharp at 903-531-1096 or [csharp@tylertexas.com](mailto:csharp@tylertexas.com).



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### Requirements:

1. Have a desire for a career in law enforcement or police service or a desire to learn more about the field of law enforcement.
2. Be a young adult age 14, and graduated from the eighth grade, through the training year of their 21<sup>st</sup> birthday.
3. Must undergo a thorough background review to assess character and integrity that may include interviews with neighbors, teachers and employers.
4. Must not have a prior conviction for a criminal offense or serious traffic offense.
5. Must demonstrate and maintain a minimum of a 73 or 2.0 cumulative grade point average (GPA) in high school or college to remain in the Unit.
6. As a prerequisite for joining a hold harmless and release form for Public Safety Cadets and the partnering agency/organization must be executed by the parents or legal guardian and/or the Cadet if of legal age to sign such a form.
7. Must complete a basic training course, to include Youth Safety training and a probationary period. (Provided in our training.)
8. Must strive to achieve body weight in proportion to height and maintain a high level of physical fitness.

### Application Process:

1. Submit a complete Tyler Police Public Safety Cadet Application with parent's signatures if under the age of 18.
2. Attach a copy of the applicant's most recent report card.
3. Once a background investigation has been completed and the applicant meets the requirements of the program, they will be notified of their acceptance. The applicant may be called upon to explain issues within his/her background history.
4. Once accepted, the applicant becomes a Probationary Cadet and his/her membership will have started the date that the application was turned in.



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## Cadet Application

Please Print

Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Email \_\_\_\_\_

School Attending and Grade/Classification \_\_\_\_\_

Employer and Location \_\_\_\_\_

Parent(s) or Guardian(s) (If under 18) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Are you a US Citizen? (Circle One) Yes/No

List any disabilities or impairments you have. \_\_\_\_\_

Have you ever been treated for any mental or nervous conditions? (Circle One) Yes/No

List any crimes you have been charged with or arrested for, and where and when. \_\_\_\_\_

List any gangs you have ever been affiliated with, when and where. \_\_\_\_\_

List other extra-curricular activities in which you participate. \_\_\_\_\_

I certify that the statements made by me in this application are true, complete and correct, and are made in good faith. I authorize the investigation of my/my child's background, and hereby release you, your organization, and sponsoring agency from liability or damages, which may result from furnishing the above information. As a Parent/Guardian, I have read and approve this application for membership in the Tyler Police Public Safety Cadet Program, and I have granted permission for their joining and involvement. (Parent/Guardian signature required if under 18)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### Consent for Fingerprints and/or Images

All members of the Tyler Police Public Safety Cadet Unit will be subject to being fingerprinted and/or photographed for identification purposes. Photographs or video may also be taken as part of unit records to include but not limited to social media, scrapbooks, recruiting, and recording specific events and activities. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made shall be the property of the Tyler Police Public Safety Cadet Unit, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part. Please sign below indicating your consent to the taking of fingerprints and/or pictures for this purpose. If the applicant is less than 18 years old, a parent/guardian signature is required.

I,  hereby give my consent to the Tyler Police Department/Tyler Police Public Safety Cadet Unit and their agents to take and store my fingerprints and photographs for the above stated purposes.

Applicant Signature:

Parent/Guardian Signature:



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## Cadet Application

### Medical Form

To be completed by every participant in any activity.

Please note that the activity leadership must have the ORIGINAL form. (Some hospitals will not accept copies)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male/Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of adult leader participating in the activity who agrees to be responsible for this participant: \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, plants, medicines, insect bites Yes  No  Explain: \_\_\_\_\_

#### GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
Asthma			Convulsions/Seizures			Hemophilia		
Attention Deficit/Hyperactivity Disorder (ADHD)			Diabetes			High Blood Pressure		
Cancer/Leukemia			Heart Trouble			Kidney Disease		

Explain: \_\_\_\_\_

List any medications to be taken during the activity: \_\_\_\_\_

List ALL medications taken in the 30 days prior to arrival: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

#### IMMUNIZATIONS (Date of last inoculation if known):

Chicken Pox _____	Lyme Disease (Not Required) _____	Pertussis _____	Rubella _____
Diphtheria _____	Measles _____	Polio _____	Tetanus Toxoid _____
Hepatitis B _____	Mumps _____		

#### PARENT/GUARDIAN INFORMATION:

Name of parent or guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of personal physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal health/accident insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_



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## Cadet Application

### Medical Form Cont'd

In case of emergency during the activity, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If person named above is not available in the event of an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached. I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or infections of medication for my child (or for me, if an adult).  
 Signature of parent/guardian/adult participant: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING AND SIGNATURES (To be completed by all adult and youth participants)**

I understand the importance of providing accurate medical information, and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical limitations that would prevent my full participation in Public Safety Cadet events (unless noted).

I understand that this application includes my request for other personal accident insurance to be purchased on my behalf, and the cost of this insurance is included in the registration fee.

As an Adult Leader I will follow activity requirements for participation or as a youth participant, I will be responsible to my Adult Leader.

In the event of illness or injury occurring to me or to my son/daughter (if applicant is younger than 18) during attendance with Public Safety Cadet events. I do hereby consent to whatever x-ray examination, anesthesia, medical or surgical diagnostic procedure, or treatment is considered reasonable and necessary in the best judgment of the attending licensed physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

I understand that in the event of a serious illness or injury reasonable efforts to notify those listed in case of emergency will be attempted.

Unit Insurance: \_\_\_\_\_ Policy Dates: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Leader: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_



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### Hepatitis B Vaccine Declination

I understand that due to my voluntary participation in Public Safety Cadets activities, I may be exposed to blood and other potentially infectious materials and may therefore be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at my own expense.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to participate in unit activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at my own expense.

(A parent/legal guardian must also sign if participant is under 18 years of age.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_





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### Hold-Harmless and Release Form

The undersigned, parents or guardians of \_\_\_\_\_, a participant of the Tyler Police Public Safety Cadets, hereby indemnifies and holds harmless the City of Tyler, Tyler Police Department, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control of the Tyler Police Public Safety Cadets from any claims of any kind whatsoever or of any nature for the 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 City of Tyler, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

(A parent/legal guardian must also sign if participant is under 18 years of age.)

Cadet Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PUBLIC SAFETY CADETS – AGREEMENT AND LEGAL WAIVER FORM

### AGREEMENT AND LEGAL WAIVER

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Public Safety Cadets program (hereinafter "Cadets Program"). I understand that my participation in the Cadets Program is voluntary and at an "at will" status; and that the sponsoring agency/organization, acting through its Cadets Program Unit, is free to discharge me without cause and I am free to discontinue participation in the program at any time. I understand the importance of providing accurate medical information, I certify that all information provided is accurate, and I acknowledge that there are no undisclosed physical limitations that would prevent me from participating in all aspects of the Cadets Program. I understand that participation in the Cadets Program involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the Cadet Program activities. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian, if listed below.

### AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

With appreciation of the dangers and risks associated with the Cadets Program, I hereby release, acquit and forever discharge the Public Safety Cadets, the partnering agency/organization and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which I may have against the Cadets Program, whether known or unknown, which result from, arise from, or are related in any way to my participation in the Cadets Program or any activities or events related thereto. I hereby agree to hold harmless Public Safety Cadets and the partnering agency/organization from and against any and all claims which result from, arise from, or are related in any way to my participation in the Cadets Program excluding only claims that are attributable to the gross negligence or willful misconduct of Public Safety Cadets and/or the partnering agency/organization.

Should I require emergency medical care while participating in the Cadet Program, I hereby give sponsoring agency/organization personnel my permission to use their judgment in obtaining care for me and I give permission to the medical care provider selected by the Cadet Program personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered. I understand that Public Safety Cadets or the sponsoring agency/organization is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. I warrant that I understand the content of the foregoing authorization and release. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

### WAIVER FOR CONSENT FOR PHOTOGRAPHS

I do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadets Program. I also give my consent for the Public Safety Cadets and/or the partnering agency/organization, including any Division or unit therein to use my name, likeness, image, appearance, and biographical information ("Image"), in, on or in connection with any photographs, pictures, digital images, websites programs, printed materials and any and all media, whether now known or hereafter developed, throughout the world at any time, for the legitimate purposes of Public Safety Cadets. I hereby expressly waive all claims for royalties or other compensation related to any such use of my Image or related information and release Public Safety Cadets and the partnering agency/organization from any and all liability which may arise as a result of being photographed while participating in the Cadets Program, and for the subsequent use and display of the Image. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Public Safety Cadets and the sponsoring agency/organization retains the right to use the aforementioned Image for the purposes stated herein, whether or not I continue to be involved in the Cadets Program, absent my written revocation of consent. I understand that Public Safety Cadets shall have no obligation to use the Image, and that all creative decisions regarding the use of the Image shall be at the sole discretion of Public Safety Cadet's or the sponsoring agency/organization.

By signing below, all Cadet Applicants, Parents, Guardians, Partnering Agency/Organization Unit Mentors have read, understand, and agree to all conditions listed herein.

*I acknowledge and agree that this Release & Waiver is binding upon me, my heirs, assigns and legal representatives:*

Cadet Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cadet Printed Name: \_\_\_\_\_

*If participant is a minor child, I, as his/her parent/legal guardian, agree on his/her behalf:*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_