



Ashwaubenon Department of Public Safety
2155 Holmgren Way
Ashwaubenon, WI 54304
(920) 492-2995



CADETS MEMBERSHIP APPLICATION

Personal Information

Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____

Date of Birth: _____ Age: _____ Sex: _____

Email Address: _____ May we contact you? Yes No

Mother's Name: _____ Phone #: (____) _____

Mother's Email: _____

Father's Name: _____ Phone #: (____) _____

Father's Email: _____

Family Doctor's Name: _____ Phone #: (____) _____

Hospital: _____

Education

Name of High School: _____ Grade: _____

List school activities, clubs, and sports: _____

Volunteer Experience

Name of Organization	Job Title	Date of Event(s)	Hours
1.			
2.			

References

Please provide **three** references (former supervisors, co-workers, school faculty, current neighbors, or family friends. No relatives or significant others:

Name / Phone # / Address	Occupation	Relationship
1.		
2.		
3.		

Please list any certifications (CPR), First Aid, AED, etc.)

Location of Training	Name of Instructor	Type of Training	Expiring Date
1.			
2.			

Please review your answers carefully and read the statement below before signing this application.

“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements and answers on this application shall be sufficient cause for rejection for enrollment or dismissal from the Ashwaubenon Cadet Post.

I further understand that the Ashwaubenon Department of Public Safety will be conducting a background investigation, which may include, but is not limited to, criminal history, employment history and personal references. I have not been convicted of a felony offense in any jurisdiction. I also understand that any student may be removed from the Ashwaubenon Cadet Post if said student is disruptive or otherwise inhibits the concept of the Cadet Program.

Applicant's Signature

Date

Please return the completed Application to:

**Cadets
Ashwaubenon Department of Public Safety
2155 Holmgren Way
Ashwaubenon, WI 54304**



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 agree that approved Mentors and program volunteers may provide transport during Cadets 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: _____