

# Public Safety Cadet Post 608 Application

*Sponsored By:*  
Henrico Police



“As a Cadet, you may come in contact with confidential police information and it will be necessary to maintain that confidentiality. In addition, as an organization associated with law enforcement, it is vital that Cadet Members protect their integrity. Therefore, it is necessary for you to complete this application as thoroughly as possible, answering all questions to the best of your knowledge. Please return the completed application to one of the Public Safety Cadet Mentors prior to participation.” Applications can be hand delivered to the Henrico County Public Safety Building located at:

**7721 E. Parham Rd, Henrico, VA 23294**

Or mailed to the Henrico County Police Division:

**Henrico Public Safety Cadets: 7721 E. Parham Rd, Henrico, VA 23294**

## Applicant Information

APPLICANT'S NAME: \_\_\_\_\_  
*(FIRST)* *(MI)* *(LAST)*

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT. NO: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH (*Month/Day/Year*): \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

LIST FULL NAMES, AGES & PLACE OF EMPLOYMENT/ SCHOOL OF ALL PERSONS LIVING IN YOUR HOME:

| Name | Age | Place of Employment or School Name |
|------|-----|------------------------------------|
|      |     |                                    |
|      |     |                                    |
|      |     |                                    |
|      |     |                                    |
|      |     |                                    |
|      |     |                                    |
|      |     |                                    |

List any medical issues, problems, alerts, or allergies that Post Mentors & Post Officers should be aware of in order to protect your health and safety and that of other program participants: \_\_\_\_\_

\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?    YES     NO

If so please list the location, phone number, supervisor, and weekly schedule: \_\_\_\_\_

\_\_\_\_\_

List any clubs or other organizations to which you belong and participate: \_\_\_\_\_

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List any special skills or certifications which may be beneficial to the Cadet Program (foreign language, first aid/CPR, Lifeguard, Eagle Scout, previous scouting, etc.): \_\_\_\_\_

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List two persons, other than family, their addresses and phone numbers who can be contacted regarding your personal character:

- 1.) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)
- 2.) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)

Have you ever been arrested or detained, or the subject of a police investigation for any violation of criminal law? YES  NO  If So, Explain: \_\_\_\_\_

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Have you ever been charged with any traffic violation? YES  NO  If So, How many, & Explain:

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Have you ever been suspended from school? YES  NO  If So, Explain: \_\_\_\_\_

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Do you, or have you ever used illegal drugs or alcohol? YES  NO  If So, Explain: \_\_\_\_\_

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## Applicant Certification

Other questions, comments, or concerns regarding your application:

I certify that the information that I have provided is true and correct. Any information found to be false or misleading will automatically disqualify me from becoming a member Public Safety Cadet Post 608.

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Date

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Signature

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Parent Signature (if under 18 years old)

# COUNTY OF HENRICO POLICE DIVISION

## Authorization to Obtain Information for Juveniles

I authorize the **County of Henrico, Police Division** to perform a background investigation in connection with my application for volunteer service. This investigation may include information as to my schools attended, police convictions, Division of Motor Vehicle records, personal references, professional references, previous employers, present employers, and any other appropriate sources the Police Division deems necessary.

I authorize the release of any information that the County of Henrico may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Henrico Police Division in connection with this applicant and background investigation is confidential and shall not be disclosed to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying with this request.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Parent or Guardian's Name (Print)

\_\_\_\_\_  
Signature or Parent/Guardian

\_\_\_\_\_  
Date

State of Virginia, County of Henrico.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**COUNTY OF HENRICO  
POLICE DIVISION**

**Authorization to Obtain Information**

I authorize the **County of Henrico, Police Division** to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicle records, personal references, professional references, previous employers, present employers, polygraph results, and any other appropriate sources the Police Division deems necessary.

I authorize the release of any information that the County of Henrico may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Henrico Police Division in connection with this applicant and background investigation is confidential and shall not be disclosed to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying with this request.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

State of Virginia, County of Henrico.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public