

New Cadet Checklist

Date: _____

Cadet Name: _____

- Manila Folder with LAST Name, FIRST Name written on tab
- \$35 Application Fee (Due with Applications week #2)
- Danbury Law Enforcement Cadet Application
- NERLEEA Application
- Public Safety Cadet Waiver
- Medical Release Form (do not sign until in front of a notary)
- Immunization Basic Medical Form (School Physical can be used as a substitute with full immunization record – any physical limitations need to be noted)

Written Test Score _____

Oral Interview Comments _____

Accepted _____

Rejected _____

- \$150 Uniform Deposit (Due week #3) Returned only if all fees are paid and uniform is returned when Cadet Leaves Program
- \$300 Registration Fee (Due week #4 unless other arrangements have been made, see below)
 - Option to split into payments
 - week 4 payment _____
 - week 5 payment _____
 - week 6 payment _____
 - week 7 payment _____
 - week 8 payment _____
 - week 9 payment _____

If you child does not graduate the B.E.S.T. (Basic Entry Skills Training) program all fees except the Application Fee will be returned when they turn in any uniform items issued.

APPLICATION FOR ENROLLMENT TO THE ***LAW ENFORCEMENT CADET PROGRAM***



SPONSORED BY

Danbury Police Department

NAME (PRINT)

DATE

Application Fee _____ Check # _____ Cash _____ Receipt # _____

Registration Fee Paid _____ Check # _____ Cash _____ Receipt # _____

Uniform Deposit _____ Check # _____ Cash _____ Receipt # _____

APPLICATIONS MAY BE TURNED IN AT THE OPEN HOUSE

LAW ENFORCEMENT CADET PROGRAM

**375 Main Street
Danbury, CT 06810
203-796-1572**

To The Applicant:

The Purpose of the Danbury Law Enforcement Cadet Program is to provide an opportunity for young adults ages 13-20 to learn about law enforcement and related areas of the criminal justice system, to help them develop leadership and mature judgment through training and teamwork, to provide support and assistance to the community through various programs and projects, and to develop a positive rapport between young adults and agents of the criminal justice system.

The members of the Law Enforcement Cadet Program are trained to provide crowd control and traffic direction for special events and assist Law Enforcement Agencies with searches for evidence and missing persons. Post members learn about a variety of topics and assist in presenting programs on drug abuse prevention, personal safety, and other areas in various schools and youth groups throughout the community.

Upon completion of the Basic Entry Subjects Training (B.E.S.T.), Cadets receive training on Thursdays from 6 P.M. to 9 P.M. Training is provided by officers from Danbury Police and other local law enforcement agencies. Training consists of classes and scenarios in which the Cadets will have the opportunity to use the training they have received to investigate mock crime scenes and accidents, conduct traffic stops, execute search and arrest warrants, negotiate the safe release of hostages and deal with many other law enforcement related situations. Once a year cadets receive firearms training. Cadets also receive ongoing training on procedures for various community service projects and special events. Occasionally, Cadets will have the opportunity to attend Regional or National Law Enforcement Cadet Conferences. At these conferences, Cadets attend seminars and participate in individual and team competitions.

Our Cadet program provides an excellent opportunity for young adults to see what a career in Law Enforcement is all about and enables them to put something back into the community in which they are growing up. The training and education our Cadets receive is not available anywhere else and their experience in the Cadet Program will be memorable.

We accept new members once a year, at the January Open House. Applications are to be turned in at the following Cadet meeting at the Danbury Police Department, 375 Main Street, Danbury, CT 06810 to the attention of "Danbury Police Cadets" with a non-refundable application fee of \$35. The Cadet candidate will be given a written exam and an oral interview. The candidate will then be notified if they are accepted into the program. The BEST program is physically demanding and Cadet Candidates should be mentally prepared for strenuous workouts during the program.

Once accepted into the program, there is a one time \$300 registration fee required. A uniform and equipment deposit of \$150 is also due before a uniform will be issued. The uniform and equipment deposit will be returned when all post property is returned and all fees are paid. Cleaning and repair fees may be deducted based on uniform condition when returned. If the Cadet quits and does not return the uniform within one month or we have to go collect the uniform, the deposit will be forfeited. Checks should be made out to "Danbury Police Cadets."

Danbury Police Department
Law Enforcement Cadet Program
Application

Date of Application _____

NAME: _____ Date of birth: _____ Age: _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Home Phone _____ Work Phone _____ Other _____

Applicant Email Address: _____

Sex _____ Race _____ Place of Birth _____ U.S. Citizen? Yes _____ No _____

How did you find out about Cadets? _____

SCHOOL INFORMATION

School _____ Grade _____ GPA _____
(CURRENT OR LAST SCHOOL ATTENDED)

Counselor _____ Phone Number _____

EMPLOYMENT INFORMATION

Employer _____ Phone Number _____
(List business name and current supervisor)

Address _____
(Number) (Street) (City) (State) (Zip)

LIST TWO PERSONAL REFERENCES: (OTHER THAN RELATIVES) State your relationship to them.

1. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

2. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

PARENT(s) /GUARDIAN INFORMATION

Which parent/guardian do you live with? (Circle one) MOTHER FATHER BOTH GUARDIAN

MOTHER'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

FATHER'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

GUARDIAN'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

Adult(s) e-mail address _____

BACKGROUND INFORMATION

DO YOU POSSES A VALID DRIVERS LICENSE? _____ (if yes the following must be completed.)

STATE _____ NUMBER _____ TYPE _____ EXPIRATION DATE _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ____ IF YES, GIVE DATE _____

REASON _____

DO YOU OWN A VEHICLE? _____ YEAR _____ MAKE _____ MODEL _____

VEHICLE LICENSE NUMBER _____

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (USE BACK OF PAGE IF NECESSARY)

MONTH/YEAR	CHARGE	LOCATION	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (AS A DRIVER)? _____ IF YES, GIVE ALL

DATES AND LOCATIONS

BACKGROUD INFORMATION

Continued

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? _____ IF YES EXPLAIN:

HAVE YOU EVER SKIPPED CLASS? _____ If yes, explain _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ACCEPTED A PLEA BARGIN? _____

If yes please complete the following (list juvenile as well as adult records) - list any additional information on the back

OFFENSE	CITY	DATE	DISPOSITION
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HAVE YOU EVER COMMITTED OR BEEN INVOLVED IN A CRIMINAL OFFENSE FOR WHICH YOU WERE NOT ARRESTED OR CHARGED? _____ If yes, explain _____

If you are under the age of 18, do you use tobacco? _____ If yes explain?

If you are under the age of 21, do you consume alcoholic beverages? _____ If yes explain?:

Why do you want to become a Cadet? _____

What are your career goals at this point? _____

BACKGROUD INFORMATION

Continued

Will your parents support your involvement in this program? _____

Are you willing and able to attend the weekly meetings on Thursdays from 6:00-9:00 P.M.? _____

Are you willing and able to participate in monthly community service projects? _____

List any community service organizations, social, school or other groups that you are now a part of or have been a member of:

List any members of the Law Enforcement Cadet Program or local law enforcement agencies whom you know personally or to whom you are related. Please state the name and relationship to you:

Are there any physical restrictions or medical conditions that we should be aware of that would restrict your ability to participate in Physical Training or other activities?

The information in this packet is accurate to the best of my knowledge _____
(Applicant's signature)

This information has been reviewed and verified by _____
(Parent's/Guardian's signature required if under 18 yrs of age)

RELEASE OF INFORMATION

APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

By signing this authorization, I understand that I hereby give my consent for a thorough Background Check, which includes school records state and local law enforcement records and the National Crime Information Computer (NCIC). I authorize the following persons to release any and all information about me to the Explorer Advisor conducting my background investigation:

Teachers, Principals, School Counselors and other school officials, past and present
Employers and co-workers, past and present
My personal references
Any other person who may have information about me

I understand that withholding information requested on this application or giving false information may result in my ineligibility for acceptance by the Danbury Police Cadet Program, or subject to dismissal at any time. With this in mind, I certify that the above applicant information is correct and complete.

If accepted, I agree to abide by the policies, rules, and regulations of both the Cadet Program and the Danbury Police Department. By signing this, I also understand that it is my responsibility to read and know the written policies, rules and regulations that are supplied to me and that willfully or knowingly disobeying these orders will lead to disciplinary action or dismissal.

Applicant Signature

Date

Parent Signature

Date

(Parent's/ Guardian's signature if applicant is under 18)



NERLEEA
PO BOX 253
Bethlehem, CT 06751



Youth (Under Age 18) Application for Membership

*Date: _____

*Department: Danbury Police Department

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone #: _____ Circle one: Home / Cell *Date of Birth: _____ *Age: _____
Male ☐ Female ☐

NOTE: There is a \$15.00 per year membership fee that needs to be paid by either you or your post. ALL memberships expire on December 31st of each year regardless of when you joined throughout the year. Please check with your advisor to determine if you need to make a payment to the association. Advisors will be notified of lapsing membership prior to such lapse.

ALL information is required for insurance reasons and failure to provide all information requested will result in non-registration with NERLEEA and also failure to cover the individual named above under any and all insurance policies which would cover Active Registered members. I understand that this form must be filled out legibly so that information can be easily read in the event that it is needed for insurance or other reasons.

PLEASE PRINT NEATLY OR FORM WILL BE RETURNED AND YOU WILL BE UNREGISTERED WITH NERLEEA AND MAY NOT PARTICIPATE IN NERLEEA SPONSORED EVENTS.

HOLD HARMLESS AGREEMENT

I hereby agrees to release, indemnify and hold harmless the Northeast Regional Law Enforcement Educational Association, Inc. (NERLEEA), its officers and directors, the Cadet Police Academy Executive staff and all other agents, locations and vendors contracted both public and private along with their employees and staff including but not limited to the States of CT, MA, NH, RI, VT, ME, the Federal Government, State employees, the Westfield State University and its employees and agents, any location or employees of where events made be held, all other volunteer staff both sworn and civilian, including instructors from Federal, State and Local Law Enforcement agencies, from and against all claims, suits, proceedings, actions, cause of actions, responsibility, liability demands, judgments and executions, which arise from or are in connection with events and programs sponsored by NERLEEA and its registered units.

PHOTOGRAPHS:

I understand that photographs may be taken and used on social media for advertising and recruiting purposes without compensation given to me, in exchange for me being allowed to participate with all of NERLEEA programs and events.

FIREARMS:

I also understand that firearms may be used at events and all reasonable precautions will be made to ensure my child's safety while utilizing the firearms and that certified Law Enforcement/NRA Instructors will be present at all times with my child and the firearms.

This hold harmless remains in effect for my son/daughter until withdrawn in writing by myself or until they become inactive for one year or until they become 18 years old. Photocopies of this hold harmless are to be considered as valid as the original form & signature.

I understand that if changes are made to the hold harmless agreement that I will then be required to fill out an updated registration form.

Our agents shall give written notice to NERLEEA of any act or occurrence involving any claim, demand, or item of cost of, indemnified against herein, within ten (10) days of knowledge of such occurrence or act. A lapse in notification by our agents and/or their agents shall not abrogate the obligations of NERLEEA as agreed to herein.

I give permission for my son/daughter to participate in functions sponsored by NERLEEA and its registered units and understand that there are inherent risks associated and involved in the training programs being conducted. I understand that any and all precautions will be taken to help ensure my child's safety but that the training is such that not every event may be planned for or prevented. I agree to all stipulations stated in BOTH paragraphs above and hereby give permission for my child to participate. I do not know of any reason, medical or otherwise which would prevent my child from participating fully and safely. I also give permission for my child to be treated by either medical personnel on scene or at a hospital shall the need arise. I understand that all efforts to contact me will be made in regards to such treatment.

Name

Signature

Date

Relationship (Mother / Father / Legal Guardian etc.)

Emergency Contact Phone # of authorizing person



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: _____

**DANBURY LAW ENFORCEMENT CADET PROGRAM
MEDICAL RELEASE FORM**

I/We know of no health or fitness restriction that precludes the participation of CADET _____ in the Danbury Law Enforcement Cadet Program, North East Regional Law Enforcement Educational Association, Inc (NERLEEA), chartered to the Danbury Police Department.

In the event of serious illness or injury to CADET _____ while involved in this program, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted. This waiver is valid until revoked or my child leaves the program.

EMERGENCY PHONE NUMBERS

1. Home () _____ Work () _____ Cell () _____

2. Home () _____ Work () _____ Cell () _____

Parent(s)/ Guardian(s) Name ****Do not sign until authorized by Notary**

1. _____ 2. _____
Printed – Parent/Guardian #1 Printed - Parent/Guardian #2

1. _____ 2. _____
Signature Signature

Notary Public _____ Date _____

Expiration Date _____