



Redwood City Police Department

Cadet Program

Dear Applicant,

Thank you for your interest in the Redwood City Police Department Cadet Program. Please review the attached packet. If you are interested in applying for the Cadet Program, please return the completed packet with the following forms:

- Completed application
- Waiver forms signed by your parent or legal guardian
 - Waiver, release and indemnification agreement
 - Confidential Information Admonition
 - Emergency medical consent
 - Personal health and medical record form
 - Authorization to release information
- A copy of your most recent Report Card showing a GPA of 2.0 or better. If your current GPA is below 2.0, you will need to provide a letter from your teachers stating you are on track to achieving a GPA of 2.0 this semester
- A letter of recommendation from either a current or former teacher, school counselor or employer

Please fill out the application in black ink. Complete every question. Write N/A (not applicable) in the space if appropriate. The information you provide will be used to assist in determining your suitability for the position.

If you have any questions, please feel free to contact one of the Cadet Advisors.

Sincerely,

Dan Mulholland
Chief of Police

Diana Villegas
Program Coordinator
dvillegas@redwoodcity.org

Jesus Castro
Advisor
jcastro@redwoodcity.org

Melissa Mondragon
Advisor
mmondragon@redwoodcity.org

Leila Velez
Advisor
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Redwood City Police Department

Cadet Program

Redwood City Police Cadet Application

Redwood City Police Department, 1301 Maple Street, Redwood City CA 94063
(650) 780-7100 www.redwoodcity.org

Office use only	Date Received: _____	By: _____
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To qualify for a Cadet membership, you must be at least 14 years of age and no older than 21 years of age. You must be currently enrolled in school, if under 18, and maintain a "C" average G.P.A. or better. You must not have any felony convictions and no pending criminal cases. Applicants showing a continued interest in the Cadet program will gain knowledge and experience in the field of law enforcement.

PERSONAL INFORMATION

Position Applying for: **Explorer POST 836**

Full Name: _____ Social Security Number: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Day Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Parent/Guardian Name: _____ Relation: _____ Phone Number: _____

Are you over 18? Yes ___ No ___ Date of Birth: _____ U.S. Citizen? Yes ___ No ___

Driver's License Number: _____ State: _____ Expiration Date: _____

School: _____ Grade: _____

Were you referred to this Cadet program by a current Redwood City employee or Cadet? If yes, please provide their name(s) _____

Please answer the following questions. "Yes" answers are not necessarily disqualifying.

Question	<u>Yes</u>	<u>No</u>	<u>Explain Here</u>
Have you ever been arrested or convicted of any crime?			
Have you ever been stopped and questioned by the police?			
Have you ever been reported as a missing person?			
Have you ever been or are you currently on probation?			
Have you ever received a traffic citation or been involved in a traffic collision?			



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EDUCATION AND TRAINING

Name and location of High School _____

Circle highest grade you have completed High School Graduate: Yes No

8 9 10 11 12 Passed GED High School Test: Yes No N/A

College 1 2 3 4 Semester/Quarter Units completed _____

Name of College or University	Location	Course of Study	Degree Received	Sem./Qtr Units completed

Business, Trade or Technical School	Course Studied	Duration	Completed

Counselor or contact person _____ Current GPA _____

WORK EXPERIENCE

Do not indicate "See Resume" – this section must be completed. Starting with your most recent experience, list your duties and responsibilities that are pertinent to the position for which you wish to volunteer. You may include any prior related volunteer work.

Dates of employment From Mo/Yr _____ To Mo/Yr _____	Employer	Job Title	Salary \$
Hours per Week	Address	Name/Title of supervisor	
Duties		Reason for leaving	
Dates of employment From Mo/Yr _____ To Mo/Yr _____	Employer	Job Title	Salary \$
Hours per Week	Address	Name/Title of supervisor	
Duties		Reason for leaving	



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Dates of employment From Mo/Yr _____ To Mo/Yr _____	Employer	Job Title	Salary \$
Hours per Week	Address	Name/Title of supervisor	
Duties		Reason for leaving	

EXPERIENCE

Prior Cadet/Explorer experience:

Volunteer Experience:

Leadership Positions (past and present):

Skills that would qualify you for this position:

Recognitions(s), award(s) received. Name of recognition & organization:

Hobbies, skills, and outside interests:

REFERENCES

LIST FOUR (4) THAT DO NOT CURRENTLY LIVE WITH YOU

1. Name (First, Last): _____ Phone #: _____

Address: _____

2. Name (First, Last): _____ Phone #: _____

Address: _____

3. Name (First, Last): _____ Phone #: _____

Address: _____

4. Name (First, Last): _____ Phone #: _____

Address: _____

**REDWOOD CITY POLICE DEPARTMENT CADET PROGRAM
WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT**

I, _____, the undersigned, acknowledge, as follows:

I am ___ years of age and have made a voluntary request to participate in the Redwood City Police Department's Cadet Program.

As part of my participation in the Cadet Program, I understand that I will accompany any member of the Redwood City Police Department to whom I am assigned during the performance of his/her official duties, which includes activities that are inherently dangerous including but not limited to tour of a jail housing inmates who may be dangerous, a demonstration by a Special Weapons and Tactics team ("SWAT"), which is law enforcement unit using specialized and/or military equipment and tactics, during which you may be offered heavy and/or dangerous equipment to handle such as a door ram, a window breaching tool or an external ballistic/load bearing vest; participation in firearms training with live ammunition, a force options scenario in a simulated environment where you may be exposed to graphic images, loud noises, stressful situations, reduced lighting, and where you may need to crouch, kneel, bend, or duck, and participate in basic arrest and control techniques such as grasping, twisting, searching, control hold application and handcuffing; participation in a ride along with an officer in a Redwood City Police Department vehicle and during which the officer may respond to actual public safety calls for service.

I understand that the City of Redwood City will allow me to participate in the Cadet Program only on the condition that I assume any and all risks involved in said participation and that I will release the Redwood City Police Department and the City of Redwood City, its officers, employees, agents and volunteers from any and all liability, as specified below, and I agree to participate in the Cadet Program on these conditions.

I acknowledge and understand that the work and activities of the Redwood City Police Department are inherently dangerous and that I may be subjected to the risk of personal injury or death, property damage, expense or loss to person and property during my participation in the Cadet Program. I further acknowledge and understand that said risks may arise from, but are not limited to, the use of weapons and firearms, the acts and forcible resistance of criminal suspects, civil disturbances, explosions, electrocution, the escape of radioactive substances, the effects of wind, rain, fire and gas, the effects of emotionally disturbing events, physical attacks, and vehicular collision, and I freely and voluntarily assume all said inherent risks, whether or not listed above.

In consideration of my being permitted to participate in the Cadet Program, I hereby for myself, my heirs, executors and administrators, waive, discharge and release the Redwood City Police Department and the City of Redwood City, its officers, employees, agents, and volunteers from any and all claims of damages for death, personal injury or property damage arising out of or connected in any way with my participation in said Cadet Program, even though that liability may arise out of the negligence, including gross negligence, or carelessness on the part of the City of Redwood City person(s) or entities mentioned above.

I further stipulate and agree, while participating in the Cadet Program, to be bound by all the orders, rules and regulations concerning my participation and to promptly obey all instructions of any officer, including my assigned police officer. I understand that even after signing this release, the Redwood City Police Department is not obligated to accept my offer of participating in the Cadet Program or may terminate my participation at any time for any reason.

I have read and understand the contents of this document, have been fully and completely advised of the potential dangers incidental to engaging in the Academy, and it is my intention, by signing this document, to exempt and relieve the Redwood City Police Department and the City of Redwood City, its officers, employees, agents, and volunteers from liability for personal injury or wrongful death caused by their negligence associated with the Cadet Program.

I (and if under 18, my parent/guardian) agree to hold harmless, indemnify and release the Redwood City Police Department, the driver or owner of any vehicle owned or operated by or in service of the Redwood City Police Department, the City of Redwood City, its officers, employees, agents, and volunteers from any and all claims, damages, demands, rights and causes of action that I may have on account of or in any way connected to my participation in the Cadet Program.

I (and if under 18, my parent/guardian) further agree, to the fullest extent permitted by law, to defend and indemnify the City of Redwood City, its officers, employees, agents, and volunteers from and against any and all claims (including without limitation claims for bodily injury, death, property damage, or economic loss), losses, damages, suits, actions, or liability of any kind, including attorney's fees, which arise out of, relate to, or are in any manner connected with my participation in the Cadet Program.

No promise, inducement or agreement of any kind has been made to me to induce me to release the Redwood City Police Department, the City of Redwood City, or any other person from liability as stated herein.

Dated: _____

Print Name of Participant

Signature of Participant

Signature of Parent or Guardian
(if Participant is under age 18)

APPROVED:

Redwood City Police Department

REDWOOD CITY POLICE CADET PROGRAM

CONFIDENTIAL INFORMATION ADMONITION

As an employee of the Redwood City Police Department, I understand that I may have access to confidential criminal record information regarding individuals. Misuse of such information adversely affects the civil rights of the individuals concerned and violates the law (sections 11075 – 11081, 11140 – 11144 of the Penal Code).

No employee shall divulge confidential information, data or records of the Redwood City Police Department to any person to which issuance of such data, information or record has not been authorized, nor shall any employee divulge or make use of any records of the Department for a mailing list or other purpose unless the same has been authorized by the Chief of Police

Such misuse may be a misdemeanor under California law: therefore, any employee in this department who is responsible for such misuse is subject to immediate dismissal. Violations of this law may also result in additional legal action.

I have read the above paragraphs and understand the policy regarding the misuse of criminal record information.

Applicant's Signature

Parent/Guardian

(Must be signed if applicant is under 18)

Date

Date

REDWOOD CITY POLICE CADET PROGRAM

EMERGENCY MEDICAL CONSENT RELEASE

My son/daughter has my permission to participate in the activities of the Redwood City Police Cadet Program while registered in that unit.

Further, in the event of illness or injury occurring to my son/daughter during his/her attendance at an organized unit activity, I do hereby designate as my agent the adult advisors of the Redwood City Police Cadet Program for the purpose of consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician and surgeon or any rendered at the office of said physician or dentist, at a hospital or elsewhere.

I understand in the event of serious illness or injury reasonable efforts to reach me will be attempted.

This authorization will remain effective while the above minor is enroute to or from or involved or participating in any activity of the Redwood City Police Cadet Program, unless revoked in writing by the undersigned and delivered to the Redwood City Police Department.

Applicant's Signature

Parent/Guardian
(Must be signed if applicant is under 18)

Date

Date

**REDWOOD CITY POLICE CADET PROGRAM
PERSONAL HEALTH AND MEDICAL RECORD FORM**

ALL information must be answered. Please Print or Type.

SECTION 1 PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Health/Accident Insurance Carrier: _____

Policy Number: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone No: _____ Work Phone No: _____

Name: _____ Relationship: _____

Address: _____

Home Phone No: _____ Work Phone No: _____

Personal Physician: _____ Phone No: _____

SECTION 2 EMERGENCY MEDICAL INFORMATION

Have you had or are you subjected to any of the following:
(Please provide details to checked conditions)

_____ Allergy to a medicine, food, plant, animal or insect

_____ Any condition that may require special care, medication or diet

_____ Convulsions

_____ Fainting spells

_____ Heart Problems

_____ Dentures

_____ Diabetes

_____ Asthma

_____ Bleeding Disorders

_____ Contact lenses

_____ High blood pressure

Details to checked condition: _____

(Attach additional pages if needed)

SECTION 3 IMMUNIZATION

List last year given _____ Tetanus _____ Diphtheria _____ Polio

Indicate 'V' for Vaccinated or 'D' for Disease

_____ Measles _____ Mumps _____ Rubella

_____ Pertussis _____ Chicken Pox

SECTION 4 MEDICAL HISTORY

Date of the most recent complete physical exam: _____

Are you aware of any current health problems? NO YES

Are you currently under medical care or taking medications? NO YES

Has there been any surgery, injury, severe illness or change in health status since last complete physical? NO YES

SECTION 5 PARENTAL STATEMENT

Has it ever been necessary to restrict applicant's activities for medical reasons? NO YES

Does applicant take regular medicine or have special care requirements? NO YES

If YES, please explain: _____

To the best of my knowledge the information provided on this form is accurate and complete.

I give my son/daughter permission for full participation in any activity conducted by the Redwood City Police Cadet Program, subject to any limitations noted herein.

In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as judgment of qualified medical personnel dictates.

Signature of Parent/Guardian: _____ Date: _____
(Must be signed if applicant is under 18 years)

Applicant's Signature: _____ Date: _____

REDWOOD CITY POLICE CADET PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for the position of Cadet with the Redwood City Police Department I am required to furnish information for use in determining my personal, medical, psychological and moral qualifications.

I hereby authorize and direct you, your organization, and/or persons in your employ to release any and all information you may have concerning me, to include but not limited to, information of a confidential and privileged nature, or any data or materials which have been sealed or understood to be withheld pursuant to any prior agreement or court proceeding.

I understand this authorization is directed to, but not limited to, any person acquainted with me, custodians of any records, officers and employees of current and former employers, criminal and civil records, educational institutions, retail businesses and consumer reporting agencies.

I have specifically and permanently waived any rights I may have to review, obtain copies of, or inspect, any and all information developed in this investigation. Therefore, your response will be completely confidential. You may retain a copy of this form for your file.

I hereby release, discharge, exonerate the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of furnishing and/or allowing the inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

This release shall be valid for a period of one year from the date of my endorsement.

Applicant's Full Name: _____
(Please PRINT or TYPE)

Applicant's Signature: _____

Parent/Legal Guardian: _____
(Must be signed if applicant is under 18)

Date: _____