New Hanover County Sheriff's Office Public Safety Cadet Application

Date of Application:					
Name:			Date of Birth:		Age:
Name:(Last)	(First)	(Middle)			· · · ·
Address:					
Address:(Number)	(Street)	(City)	(State)	(Zip)
Home Phone:	W	ork Phone:	Other:		
Email:					
Sex: Race:	_ Place of Birth: _		U.S. Citize	en: Yes	_No
HT: WT:H	air:	Eyes:			
SCHOOL INFORMATION	:				
School:			Phone:		
Teacher:			Grade:	GPA:	
EMPLOYMENT INFORM	ATION:				
Emplover:			Phone:		
Employer:					
Address:(Number)	(Stre	et)	(City)	(State)	(Zip)
LIST TWO PERSONAL R (OTHER THAN RELATIVE		ationship to them.			
1. Name:			Phone:		
Address:			Relations	hip:	
2. Name:		<u>.</u>	Phone:		
Address:			Relations	hip:	

PARENT(s) / GUARDIAN INFORMATION:

(Which parent/guardian do y	ou live with? Circle one) <u>MOTHER</u> , <u>FATHER</u> , <u>BOTH</u> , <u>GUARDIAN</u>
Mother's Name:	Day Phone:
Address	
Father's name:	Day Phone:
Address	
Guardian's name	Day Phone:
Address	
MEDICAL HISTORY:	
List allergies or allergic read	ctions known:
List all prescription medicat	ions taken daily:
List any medical conditions	that may prevent you from engaging in any physical agility training:
BACKGROUND INFORM	
Do you possess a valid driv completed.	er's license or learners permit? If yes, the following must be
State: Number:	Type/Class:
Expiration Date:	
Has your license ever been	suspended or revoked? if yes, give
Date:R	eason:
Do you own a vehicle?	Year: Make:
Model:	Vehicle registration number: State:

BACKGROUND INFORMATION Continued

List all traffic tickets you have received (use back of page if necessary) month/year charge location disposition:
Have you ever been involved in a traffic accident (as a driver)?if yes, give all dates and locations:
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 bargain? if yes, Explain:
Have you ever committed or been involved in a criminal offense for which you were not arrested or charged? if yes, explain

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BACKGROUND INFORMATION Continued

Do you, or have you ever used tobacco? If yes explain:
Do you, or have you ever consumed any alcoholic beverages? If yes explain:
Do you, or have you ever used marijuana, crack, cocaine or any other illegal controlled substance? _ If yes explain:
Do you use social media? If yes, list type and username:
Will your parents support your involvement in this program?
Are you willing and able to attend the bi-weekly meetings on Monday nights?
Are you willing and able to participate in 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:
Are you willing to wear a uniform?
Are you willing to participate in physical activity?

BACKGROUND INFORMATION Continued

List any members of Public Safety Cadet or local law enforcement agency whom you know personally or related to. Please state the name and relationship to you:

Why do you want to become an Public Safety Cadet?

PHOTO RELEASE

I grant to The New Hanover County Sheriff's Office, the right to take photographs of me and my family in connection with the above-identified event. I authorize The New Hanover County Sheriff's Office, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the New Hanover County Sheriff's Office may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above information in this packet and believe it is accurate to the best of my knowledge.

X	Date:	
(Applicant's signature)		
(Printed name)		
This information has been revi	ed and verified by	
X	Date:	
(Parent's/guardian signature if une	18 yrs. Of age)	
	For Official use only	
Date Received		
Criminal History Check By	D	ate
Driver's History Check By	C	Date
Reference Check By	[Date
Accepted		
	(If rejected list reason)	



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 guardia	n, agree on his/her behalf:	
Parent/Guardian Signature:	Date:	

Print Name: _____

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