

Winston Police Department
Cadet Program · 131 Rose Street · Winston, OR 97496 · (541) 679-8706

CADET APPLICATION

Personal Information

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

Address: _____
Street Address *Apt. #*

_____ *City* *State* *ZIP Code*

Mailing Address: _____
If different than above *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Maiden Name: _____

Other Names Used: _____

Previous Address(s) Last 5 Years: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Volunteer Interest

How much time do you have to volunteer? (please circle)
Hours per week: _____ Hours available: _____ Days available: _____ Preferred assignment: _____

5 10 15 20 + _____ M T W TH F SA SU _____

List any skills or interests, which would assist in placing you in an appropriate assignment. Attach additional sheets if necessary:

Please list any community organizations and previous/present volunteer experience.

Briefly, state why you wish to volunteer your time to the Winston Police Department. (Use additional sheet if necessary)
This question must be answered.

Education Background and Military Experience

Please circle highest level of education completed: High School: 1 2 3 4 College: 1 2 3 4 5 6 7 8

High School/City, State: _____ College/City, State: _____

Degrees or Certificates earned: _____

Military Service Branch: _____ Rank: _____

Time Served: _____ Date Discharged: _____

Do you speak a foreign language? Yes No Which one(s)? _____

Employer History

Please fill out completely – List employment for the last 5 years beginning with the most recent:

Firm Name *Supervisor* *Date From/Date To (Month/Year)*

Street Address *City, State, ZIP* *Phone Number*

Firm Name *Supervisor* *Date From/Date To (Month/Year)*

Street Address *City, State, ZIP* *Phone Number*

Firm Name *Supervisor* *Date From/Date To (Month/Year)*

Street Address *City, State, ZIP* *Phone Number*

Firm Name *Supervisor* *Date From/Date To (Month/Year)*

Street Address *City, State, ZIP* *Phone Number*

Firm Name *Supervisor* *Date From/Date To (Month/Year)*

Street Address *City, State, ZIP* *Phone Number*

References

DO NOT USE FAMILY MEMBERS AS REFERENCES. List 3 individuals you have known for at least 5 years. Please list name complete address, and telephone number.

Name *Years known*

Street Address *City, State, ZIP* *Phone Number*

Name *Years known*

Street Address *City, State, ZIP* *Phone Number*

Name *Years known*

Street Address *City, State, ZIP* *Phone Number*

Criminal History and Driving Record

Oregon Driver's License Number: _____

Has your license ever been suspended or revoked? Yes No

If yes, why? _____

Traffic citations and accidents for the last 5 years: _____

Have you ever been questioned, detained, arrested, investigated, warned or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile? Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Any drug offenses? Yes No

If yes, please explain:

Please list the name of the agency or court, date of contact, reason for contact, charge if any, sentence if any, and disposition of incident (including deferred sentences). Provide full details on supplemental sheets when necessary.

Date	Agency or Court	Charge
Sentence		Disposition
Date	Agency or Court	Charge
Sentence		Disposition
Date	Agency or Court	Charge
Sentence		Disposition

Emergency Contact

List persons to notify in case of an emergency.

Name _____ *Relationship* _____

Street Address _____ *City, State* _____ *ZIP* _____

Home Phone _____ *Work Phone* _____ *Cell Phone* _____

Name _____ *Relationship* _____

Street Address _____ *City, State* _____ *ZIP* _____

Home Phone _____ *Work Phone* _____ *Cell Phone* _____

CONFIDENTIALITY AGREEMENT

I have read the Volunteer Guidelines and agree that I shall treat all information I receive from reports, officers, or victims as confidential. I understand that I could jeopardize the ultimate investigation of a crime by revealing information. I will not discuss any aspect of a crime or investigation with any person unless directed to do so by my supervisor. I agree that I will not use my association with the Winston Police Department to seek favors for others or myself.

Signature: _____ Date: _____

INFORMATION AUTHORIZATION

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Winston Police Department any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original.

Signature: _____ Date: _____

LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT

I understand that I am not an employee of the Winston Police Department. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I wish to volunteer my services to the Winston Police Department and/or observe members of the Winston Police Department perform their duties. I understand that my status as a Volunteer may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the City of Winston and the Winston Police Department harmless. I agree to indemnify the City of Winston, the Winston Police Department, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use.

Signature: _____ Date: _____

PARENT(S) OR LEGAL GUARDIAN – IF APPLICANT IS UNDER 18 YEARS OF AGE

Please read, fill-out and sign the following:

Mother:

Full Name

Home Phone

Address

Cell Phone

Mother's Occupation

Position

Business Phone

Father:

Full Name

Home Phone

Address

Cell Phone

Father's Occupation

Position

Business Phone

Authorization for Medical Treatment

I give my permission to have the applicant, _____, treated by any qualified medical physician or facility in the event of an emergency.

I am aware of my son/daughter's affiliation with the Winston Police Department and that there will be times when they are in the field and may encounter some or many of the conditions listed in the Winston Police Policy 396.

I have read this application and understand the conditions included in it that pertain to the applicant's involvement in the organization and I give my consent for participation. I further give authorization for the applicant to be fingerprinted and authorize release of information for use by the City of Winston.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE