

# DUNWOODY POLICE CADETS

## Internal Memorandum

To: All New Applicants  
From: Major W. R. Furman, Unit Mentor  
Regarding: Application Packet

This is a memo explaining what should be in this packet and brief descriptions on how to fill it out.

**NOTICE:** PRINT ALL INFORMATION NEATLY AND CLEARLY ON THE FORMS. USE BLUE OR BLACK INK ONLY.

### CONTENTS IN PACKET:

New Applicant Information  
Medical Release Form  
Hold Harmless and Release Form  
Application For Entry Form  
Background Check Consent Form  
GCIC Awareness statement  
Public Safety Cadet Guardian Consent Form

### WHAT TO DO WITH WHAT

|   |   |
|---|---|
| New Applicant Information                 | Read/Sign and Parent/Guardian Sign                |
| Medical Release Form                      | Parent/Guardian Sign and Notarize                 |
| Hold Harmless and Release Form            | Parent/Guardian Sign and Notarize                 |
| Phone List Information                    | Complete  |
| Application For Entry Form                | Complete and Sign                                 |
| Background Check Consent Form             | Parent/Guardian Sign and Notarize                 |
| GCIC Awareness statement                  | Complete and Sign                                 |
| Public Safety Cadet Guardian Consent Form | Complete and Sign (Parent/Guardian and applicant) |

All forms and documents must be completed upon turning in this packet.

# DUNWOODY POLICE CADETS

## New Applicant Information

The following guidelines are to be followed by new applicants to the Dunwoody Police Department.

1. Members of the Dunwoody Police Cadets are NOT sworn Police officers and will not, in any way, act or attempt to act in the capacity of a sworn Police Officer.
2. Members of the Dunwoody Police Cadets exemplify the standards of the Dunwoody Police Department. Only applicants with no criminal background need apply.
3. Cadets have regular scheduled meetings on Thursday from 6:00 p.m. to 8:30 p.m. New applicants must attend three consecutive meetings before membership to the Unit can be approved.
4. Applicants must fill out this application entirely and turn in \$50.00 nonrefundable fee before becoming a member of the Dunwoody Police Cadets. A nominal deposit may be required for certain gear.
5. Uniforms will be issued to the applicant only when the Unit Mentor sees that the applicant meets the standards of the Dunwoody Police Department and Police Cadets determine it. All uniforms, id cards, patches, or any other gear issued by the Dunwoody Police Department shall be the soul property of that Department. The transfer, selling, or alteration of that property is strictly prohibited.
6. All uniforms, Identification cards, patches, or any other equipment must be returned to the Unit within fourteen days of separation or termination from this Unit. Failure to return all property within thirty days of separation will result in criminal charges being filed against the former Cadet and/or Parents.
7. It is the responsibility of the new applicant to return all of the items indicated in Chapter 6.00.00 of the S.O.P. to the Unit Mentor.  
All new applicants will be issued and must familiarize themselves with the Dunwoody Police Cadet S.O.P. and abide by its guidelines. Failure to do so would result in disciplinary action or termination from the Unit.
8. New applicants must be at least fourteen years old and in high school. The applicant is required to maintain a satisfactory GPA of 2.0 or higher.
9. All Cadets are subject to a partial or complete medical examination by a Physician.
10. All Cadets are subject to a drug-screening test at any time while a member of this program.

New Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DUNWOODY POLICE CADETS

## Medical Release Form

The undersigned, parents or guardians of \_\_\_\_\_, authorize a member of the Dunwoody Police Cadet, the Dunwoody Police Department, and/or one of the Mentors of the Dunwoody Police Cadet, to treat for injuries. This is to include transport and/or care at the local medical facility.

This form is for all activities the above Cadet will participate in with the Dunwoody Police Cadet. This authorization will remain effective until written withdraw of consent or termination from Unit.

This form must be filled out entirely for an applicant to be considered for entry into the program.

\_\_\_\_\_  
Printed Parent or Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Name of Insured

# DUNWOODY POLICE CADETS

## HOLD HARMLESS AGREEMENT

WHEREAS, the undersigned, \_\_\_\_\_ desires to become a Police Cadet of the City of Dunwoody Police Department in order to observe the activities of the City of Dunwoody police;

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

(a) agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Dunwoody, its officers, directors, employees, and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding with a member of the City of Dunwoody Police Department or arising out of any activities in connection with the Cadet program and/or ride-along with the City of Dunwoody police, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Dunwoody;

(1) Cadets may, upon reaching the age of 17 and having completed all required training, participate in the department's ride along program.

(b) agree and warrants that they shall reimburse the City of Dunwoody for legal fees and other costs incurred in the City of Dunwoody's defense of such claims of litigation. The City of Dunwoody shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;

(c) agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

(d) acknowledge that the waiver hereby releases and discharges the City of Dunwoody, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the Cadet program and/or ride-along with the City of Dunwoody Police



Department. The undersigned further covenants with the City of Dunwoody that they, their heirs, executors, assigns and transferees will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the Cadet program and/or ride-along with the City of Dunwoody Police Department whether such claims arise by the negligence of the City of Dunwoody, its employees or agents, or by the negligence of any other participant;

(e) agrees and understands that the agreement by the City of Dunwoody to allow the undersigned to ride with a member of the City of Dunwoody Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Dunwoody, its officers and members.

WITNESS the hand and seal of the undersigned, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

“Undersigned”:

\_\_\_\_\_  
(sign here)

Signed, sealed, sworn to, and subscribed before the undersigned unofficial witness and notary public

\_\_\_\_\_  
Unofficial Witness

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

Commission Date:

# DUNWOODY POLICE CADETS

## Application for Entry

### Personal Information:

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Number

Street

Apt #

\_\_\_\_\_

City

State

Zip Code

County

Phone Numbers: \_\_\_\_\_

Home

Work

\_\_\_\_\_

Cell

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

Driver License Number: \_\_\_\_\_

Circle: Male Female Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Email Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Card Holder's Name: \_\_\_\_\_

Parent(s) and/or Guardian(s) Names: \_\_\_\_\_

Father/Male Guardian

Mother/Female Guardian

\*Continued on Next Page\*

Father/Male Guardian  
Home Phone: \_\_\_\_\_

Mother/Female Guardian  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Must provide at least two emergency contacts:

Emergency Contact 1:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Emergency Contact 2:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Emergency Contact 3:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Emergency Contact 4:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Medical History:**

Have you ever been hospitalized? YES NO  
If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently take any long-term medication? YES NO  
If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Do you suffer from any medical conditions?    YES    NO  
If YES, please explain:

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Are you allergic to anything?    YES    NO  
If YES, please explain:

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Is there anything you feel it is necessary for us to know?    YES    NO  
If YES, please explain:

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Note: This information must be kept current and it is the individual Cadet's responsibility that current records are maintained with the Unit.

Do you speak any other language beside English?    YES    NO  
If YES, please explain:

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List all organizations, clubs, and associations, which you are currently participating with:

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What are your hobbies, special skills, abilities and/or achievements?

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Are you currently employed? YES NO

If YES, with whom: \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Work Address \_\_\_\_\_

Job Title: \_\_\_\_\_ How long employed: \_\_\_\_\_

Days/Hours you work: \_\_\_\_\_

Would your job interfere with your Cadet duties? YES NO

IF YES, please explain how: \_\_\_\_\_

Have you ever been detained by the police? YES NO

If YES, please explain: \_\_\_\_\_

Have you ever been charged or convicted of a crime or juvenile offense? (Do not include traffic violations) YES NO

If YES, please explain: \_\_\_\_\_

List all traffic citations that you have received:

| Location (Dept) | Approx. Date | Nature of Violation | Penalty | Disposition |
|-----------------|--------------|---------------------|---------|-------------|
|-----------------|--------------|---------------------|---------|-------------|

List your career and education goal(s):

Who recommended you for the Cadet Program or how did you hear about it?

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Are you a U.S. citizen? YES NO

If NO, please explain why and if you are planning to be one:

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Have you ever participated in the Boy Scouts or Girl Scouts? YES NO

If YES, what was your rank? \_\_\_\_\_

Have you ever been terminated from another Cadet Unit or any youth group organization?

YES NO

If YES, please explain when, why and by whom: \_\_\_\_\_

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Do you smoke cigarettes? YES NO

Do you chew tobacco? YES NO

Have you ever done drugs? YES NO

If YES, please explain when and what: \_\_\_\_\_

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Have you ever consumed alcohol? YES NO

If YES, please explain when, why, and where: \_\_\_\_\_

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Has there ever been any disciplinary action taken against you at school? YES NO

If YES, please explain when and why: \_\_\_\_\_

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Are you or were you ever affiliated with any cult, gang, or organized crime? YES NO

If YES, please explain when and who: \_\_\_\_\_

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**GEORGIA CRIME INFORMATION CENTER  
AWARENESS STATEMENT**

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## 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 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: \_\_\_\_\_