

BROOKHAVEN PUBLIC SAFETY CADET PROGRAM

2665 Buford Highway, Brookhaven, GA 30324
(404) 637 – 0600 | samuel.jones@brookhavenga.gov

Internal Memorandum

To: All New Applicants
From: Officer S. Jones, Coordinator
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.

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WHAT TO DO WITH EACH DOCUMENT

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
Emergency Information Form	Complete
Photo ID Form	Complete
Application For Entry Form	Complete and Sign
Background Check Consent Form	Parent/Guardian Sign and Notarize

All forms and documents must be completed upon submitting this packet.

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New Applicant Information

The following guidelines are to be followed by new applicants to the Brookhaven Police Department:

1. Members of the Brookhaven Public Safety Cadets exemplify the standards of the Brookhaven Police Department. Only applicants with no criminal background need apply.
2. Cadets have regularly scheduled meetings on Tuesdays from 6:00 p.m. to 9:00 p.m. New applicants must attend three consecutive meetings before membership to the Unit can be approved.
3. Applicants must fill out this application entirely and turn in \$15.00 nonrefundable fee before becoming a member of the Brookhaven Public Safety Cadets. A nominal deposit may be required for certain gear.
4. Uniforms will be issued to the applicant only when the Program Mentor sees that the applicant meets the standards of the Brookhaven Police Department and Public Safety Cadets. All uniforms, I.D. cards, patches, or any other gear issued by the Brookhaven Police Department shall be the sole property of that Department. The transfer, selling, or alteration of that property is strictly prohibited.
5. 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.
6. 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 Program Mentor.
7. All new applicants will be issued and must familiarize themselves with the Brookhaven Public Safety Cadet S.O.P. and abide by its guidelines. Failure to do so would result in disciplinary action or termination from the program.
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 Public Safety Cadets are subject to a partial or complete medical examination 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: _____

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Medical Release Form

The undersigned, parents or guardians of _____, authorize a member of the Brookhaven Public Safety Cadet, the Brookhaven Police Department, and/or one of the Mentor of the Brookhaven Public Safety 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 Brookhaven Public Safety 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

**BROOKHAVEN
GEORGIA
PUBLIC SAFETY CADETS
PRIDE • SERVICE • CHARACTER
PUBLIC SAFETY
CADET**

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HOLD HARMLESS AGREEMENT

WHEREAS, the undersigned, _____ desires to become a Public Safety Cadet of the City of Brookhaven Police Department in order to observe the activities of the City of Brookhaven 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 Brookhaven, 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 Brookhaven Police Department or arising out of any activities in connection with the Public Safety Cadet program and/or ride-along with the City of Brookhaven police, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Brookhaven;

(1) Public Safety Cadet may, upon reaching the age of 18 and having an approval letter from the Chief of Police, participate in the department's ride along program.

(b) agree and warrants that they shall reimburse the City of Brookhaven for legal fees and other costs incurred in the City of Brookhaven's defense of such claims of litigation. The City of Brookhaven 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 Brookhaven, 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

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resulting from their participation in the Public Safety Cadet program and/or ride-along with the City of Brookhaven Police Department. The undersigned further covenants with the City of Brookhaven 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 Public Safety Cadet program and/or ride-along with the City of Brookhaven Police Department whether such claims arise by the negligence of the City of Brookhaven, its employees or agents, or by the negligence of any other participant;

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



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Emergency Information Form

Name: _____
 Last First Middle

Address: _____
 Number Street Apt #

Phone Numbers: _____
 Home Work
 Cell

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Driver’s License Number: _____

Insurance Company: _____ Policy Number: _____

Primary Card Holder’s Name: _____

Parent(s) and/or Guardian(s): _____

 Father/Male Guardian: _____

 Mother/Female Guardian: _____

 Father/Male Guardian Mother/Female Guardian

Home Phone: _____

Cell Phone: _____

Work Phone: _____

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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:

Do you suffer from any medical conditions? YES NO

If YES, please explain:

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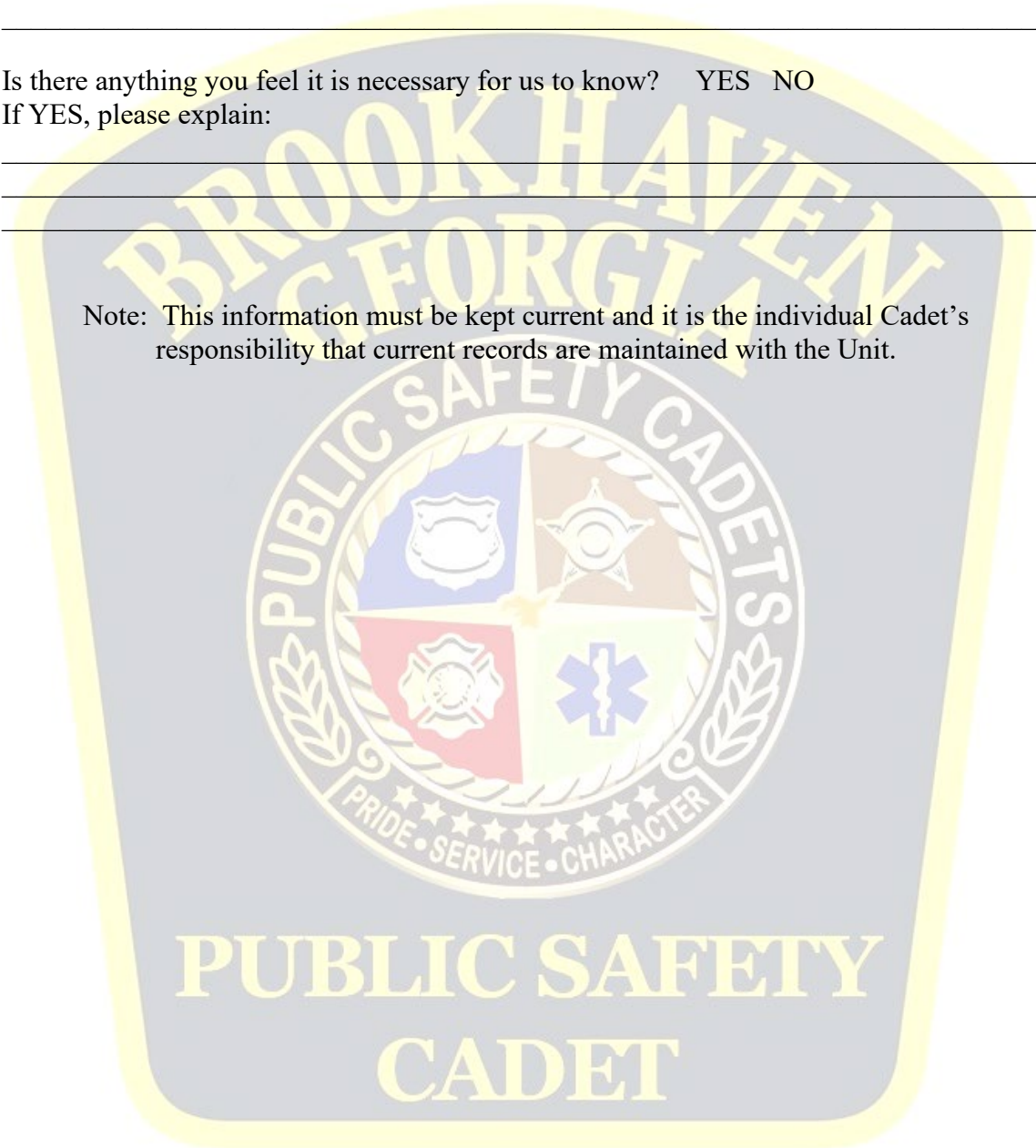
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Are you allergic to anything? YES NO
If YES, please explain:

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

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



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

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

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
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List your career and education goal(s):

References: (NO Immediate Family Members)

Reference 1:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Reference 2:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Reference 3:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

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

Are you a U.S. citizen? YES NO

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

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 Cadet/Explorer 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: _____

Have you ever consumed alcohol? YES NO

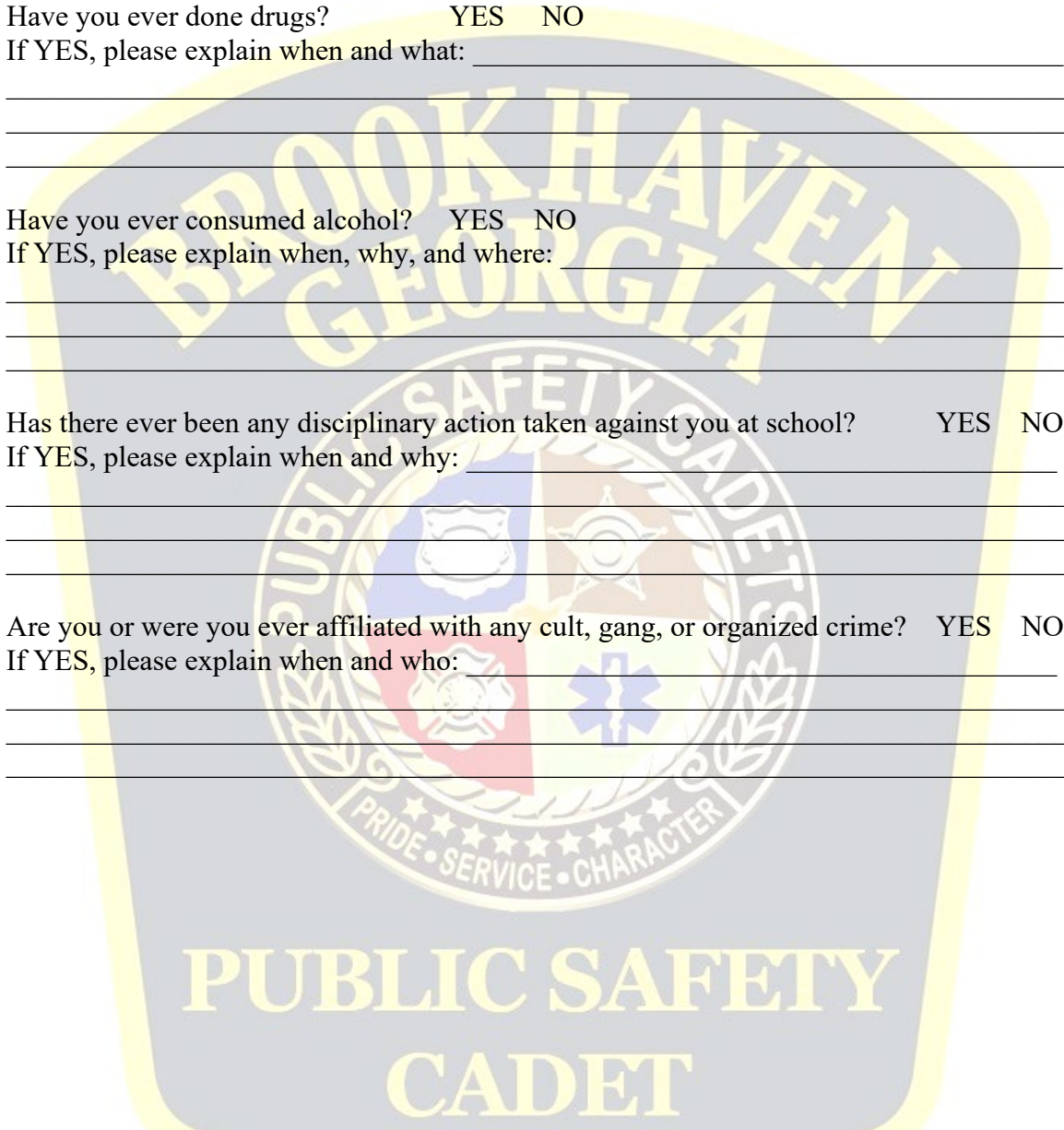
If YES, please explain when, why, and where: _____

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

If YES, please explain when and why: _____

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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Short Essay: (Print Legibly or Type)

Explain to us why you want to be a Brookhaven Public Safety Cadet, what you think this program is about, and what you expect to gain from the Public Safety Cadet program. Minimum 150 words.



A large watermark of the Brookhaven Georgia Public Safety Cadets logo is centered on the page. The logo is a shield-shaped emblem with a yellow border. At the top, it says 'BROOKHAVEN GEORGIA' in a curved banner. Below that is a circular seal containing four quadrants: a fire helmet, a police star, a fire hydrant, and a medical cross. The seal is surrounded by the text 'PUBLIC SAFETY CADETS' and 'PRIDE SERVICE CHARACTER' with stars. At the bottom of the shield, it says 'PUBLIC SAFETY CADET' in a curved banner. The entire page is overlaid with horizontal lines for writing.

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FOR MORE ROOM USE ANOTHER SHEET AND ATTACH

Please read and sign:

All information that I have given on this application is the truth and it contains no falsification or misrepresentations, I also understand that any falsehood or half-truth discovered by the Brookhaven Police Department will be grounds for termination or denial into the Public Safety Cadet program. I also understand that all the information contained in this application will be held confidential.

Applicant's Signature

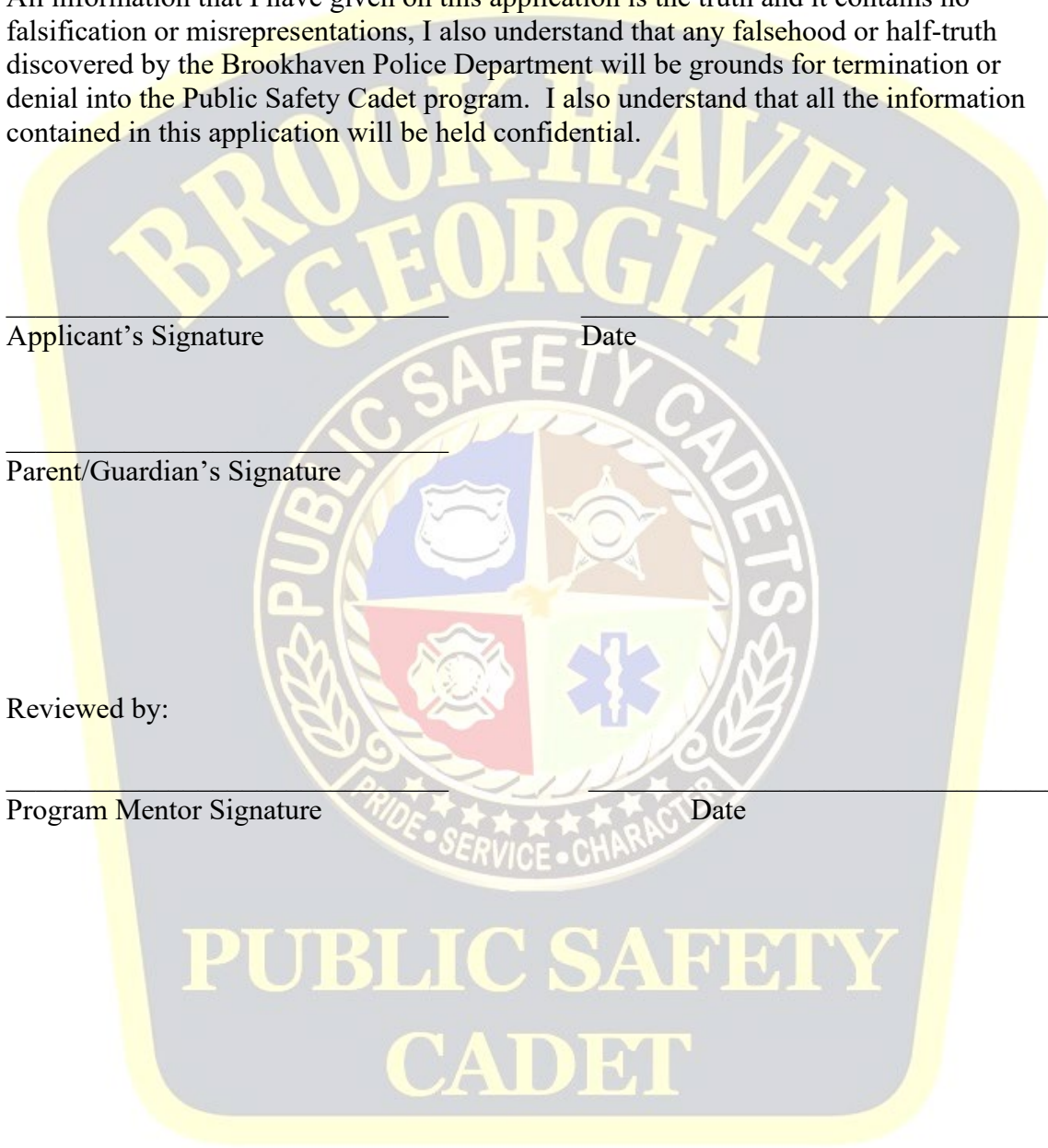
Date

Parent/Guardian's Signature

Reviewed by:

Program Mentor Signature

Date



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Background Check Consent Form

The undersigned, parents or guardians of _____, a member of the Brookhaven Police Public Safety Cadets, hereby authorizes the Brookhaven Public Safety Cadet Coordinator or his designee to conduct a thorough criminal background investigation. This is to include, but not limited to a criminal history check, driver's history check, school attendance and academic records check, interviews of family/friends/acquaintances for the purpose of acceptance and continued participation in the Brookhaven Public Safety Cadet Program.

Cadet's Signature

Date

Printed Parent or Guardian's Name

Parent of Guardian's Signature

Notary



**PUBLIC SAFETY
CADET**