St. Petersburg Police Public Safety Cadets Unit #1969
Application for Acceptance

Name of Applicant: ____________________________                                  Today’s Date: __________

The St. Petersburg Police Public Safety Cadets is a co-ed program chartered through Public Safety Cadets Organization and sponsored by the St. Petersburg Police Department, serving since 1969. The Public Safety Cadet is not a sworn officer and does not have any police powers.

Most Public Safety Cadets express a definite interest in police work as their career; however, this is not a requirement to become a member of the unit. It is hoped that by being associated with the program, the member will become familiar with the responsibilities of a police officer.

After a period of tenure, training and testing, a Public Safety Cadet may be permitted to ride with a regular police officer in a marked cruiser as an observer. This is done so that the Public Safety Cadet may further his/her education in police work.

In order to be considered for membership in Unit #1969, an applicant must meet the following criteria:

1. Must pass a criminal background check (ANY felony and certain misdemeanors will disqualify the applicant)

2. Must be in school, have completed the eighth grade, and must be at least 14 years-of-age, but not older than 19 years of age. Upon acceptance prior their 19th birthday, the member may remain a member until the age of 21.

3. Must have, and maintain, a grade point average of 2.0 or better. For the pistol team or special teams, the Public Safety Cadet must maintain a 2.5 GPA or better.

4. Must pass an oral interview given by a board consisting of ranking Public Safety Cadets and Mentors. The applicant must attend four (4) consecutive meetings. At the time of the fourth meeting, the applicant will be given the oral interview board.

5. The applicant and parents/guardians must understand that it is imperative to participate in the meetings and special events in order to learn about the many aspects of law enforcement. Participation is crucial to be considered a member of the unit.

6. The application must be turned in by the second meeting.

An acceptance board will be held after the applicant attends four consecutive meetings. We recommend that the Application be turned in by the second meeting.

A one (1) time registration fee of $40.00 (check or cash) is collected following acceptance into the program. This fee covers the Public Safety Cadets registration fee along with secondary insurance (if no personal insurance coverage) and starting supplies. A yearly fee of $30.00 is due every October for each member.

A special note to parents/applicant: Once the applicant is accepted and turns in their dues, they will be issued a gray polo shirt. There is no need for the new member to purchase handcuffs, flashlights, etc. The only items they will need to purchase are black polishable shoes/boots, black socks, and black crew neck t-shirts. Once they are eligible for the Class B uniform, they will be issued the equipment.
The Hold Harmless Agreement (included in this package) must be filled out, signed, and notarized prior to the acceptance board. The information provided by you on this application should be printed in ink or typewritten. DO NOT leave any blank spaces.

For ALL pages ----- If a space does not apply to you please put “N/A” in that space.

The application is due by the second meeting.

All information is to be true and any discrepancies or falsifying of information will result in immediate disqualification for membership with Unit #1969. All information on the application will be checked and verified.

If you have any questions regarding this application, or any concerns, you may contact:

    Officer Aaron Waldo at (727) 892-5082 or PublicSafetyCadets@stpete.org

I, _____________________________, an applicant for the St. Petersburg Police Public Safety Cadet Unit #1969, have read the above information and meet all the requirements to participate in the St. Petersburg Police Public Safety Cadet Program.

________________________________________  ____________________________
Applicant’s Signature      Date

(We)(I) The undersigned parent(s) or guardian having legal custody of Public Safety Cadet applicant ____________________________, a minor, authorize my son/daughter to continue the Public Safety Cadet application process. I have read the above listed information and understand a background investigation will be conducted. I hereby grant permission to release any findings to the Acceptance Board and Unit Mentors.

Signature(s)     Parent/Guardian ____________________________ Date:  ____________

                         Parent/Guardian ____________________________ Date:  ____________
**PROSPECTIVE PUBLIC SAFETY CADET BIOGRAPHICAL INFORMATION**

*All questions must be answered. If something does not apply please indicate N/A.*

Print and use **Black Ink**. If more space is needed, use additional paper.  
**Note:** If there are any un-answered questions on this application, the application will be rejected.

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<table>
<thead>
<tr>
<th>Applicant Name:</th>
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<tbody>
<tr>
<td>Last (Jr, II, III, etc.)</td>
<td>First</td>
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Date of Birth: _______________ Age: __________ Race: ___________ Sex: _____ (M/F)

Height: _______ Weight: _______ Hair color: _______ Eye color: _______

Address: ____________________________________________________________

City, State Zip Code

Phone: ____________________________________________________________

Home Cell Other

Applicant E-Mail Address: ____________________________________________

Social Security Number: ________________________________

(SS# is only used for background checks)

Driver’s License or ID #: ________________________________ DL Class: _______________________

State: _____________ Expiration Date: ________________________________

List any scars, marks, tattoos (surgery scars, birthmarks, stitches, etc.) ____________________________

__________________________________________________________________________

Current School attending: _____________________________________________ Grade: ____________

What year will you graduate high school? _________________________________

Currently live with: (parent/guardian) ______________________ Relationship: ___________________

Signature ___________________________ Date ___/___/____

Applicant
PARENT/GUARDIAN BIOGRAPHICAL INFORMATION

All questions must be answered. If something does not apply please indicate “N/A”
Print and use Black Ink. If more space is needed, use additional paper.

Parent/Guardian Name: _________________________________________________________________
________________________  __________________     ____________________
Last (Jr, II, III, etc.)  First     Middle (Full)

Date of Birth: __________________ Relationship to applicant:  _________________________________

Address: _____________________________
________________________     __________________     __________________
City, State      Zip Code

Phone: _______________________________________________________________________________

________________________     __________________     __________________
Home       Cell      Other

E-Mail Address: __________________________________________

Employer: _____________________________

________________________       __________________
Name       Phone

In case of an emergency, contact: (other than person mentioned above)

2) Name: __________________________________________     Date of Birth: __________________________

Address: __________________________________________

________________________________________
Relationship to applicant: __________________________

Home phone number: ___________________ Cellular phone number: _______________________

Work phone number: ___________________ Other phone number: _______________________

3) Name: __________________________________________     Date of Birth: __________________________

Address: __________________________________________

________________________________________
Relationship to applicant: __________________________

Home phone number: ___________________ Cellular phone number: _______________________

Work phone number: ___________________ Other phone number: _______________________

Your signature confirms the applicant’s and your information are true and correct.

Signature_________________________________  Date____/____/____

Parent or Guardian
Questions:

1. Length of time lived at current home address: _____________________________________________

2. List any other addresses you have lived in the past 5 years (include City and State):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. List names and dates of birth of siblings:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Are you a U.S. citizen: Yes_____ No______ If not, where are you from? ________________________
   ______________________________________________________________________________________

5. Are you now, have you ever been or are you presently associated with any member(s) of a Gang?
   Yes____ No____

6. List schools attended during the past three years____________________________________________
   ______________________________________________________________________________________

7. Have you ever been suspended or received a referral from school? Yes___ No____
   If so, for what reason and when? __________________________________________________________
   ______________________________________________________________________________________

8. How did you hear about the Public Safety Cadet program?
   ______________________________________________________________________________________

9. Do you agree to attend regular Unit meetings on Monday evenings from 6-8:30p.m. and any special
   events to be announced? Yes_____ No____

10. Are you currently or have you previously been a member of another Public Safety Cadet or Explorer
    program? Yes_____ No_____ If Yes, where and when? _________________________________________
    ______________________________________________________________________________________

11. Have you participated in the Pinellas County Multi-Jurisdiction Law Enforcement Explorer Academy?
    Yes_____ No_____ If yes, when did you participate? _________________________________________
    ______________________________________________________________________________________
12. What extracurricular activities are you involved in at school? ____________________________________________

13. Will the extracurricular activities effect your participation as a member of the PSC program? Yes___ No___ (Note: A leave of absence can be granted for those with conflicts with other extracurricular activities). However, it is the applicant’s/members responsibility to inform the Lead Mentor.

14. Have you ever been employed? Yes____ No_____

**Current Employer:**
Name: __________________________________________________________
Address: _________________________________________________________
City, State & Zip: __________________________________________________
Telephone Number: _________________________________________________

**Last Two Employers:**
Name: __________________________________________________________
Address: __________________________________________________________
City, State & Zip: __________________________________________________
Telephone Number: _________________________________________________

Name: __________________________________________________________
Address: __________________________________________________________
City, State & Zip: __________________________________________________
Telephone Number: _________________________________________________

15. Read this statement before signing:

I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights to appointment as a St. Petersburg Police Public Safety Cadet.

Signature: __________________________________________

Applicant

Signature: __________________________________________

Parent or Guardian
PREVIOUS LAW ENFORCEMENT CONTACT
(For Applicant to complete)

List any and all contacts that you have had with ANY law enforcement agency, court, police department or any other agency. This includes, but is not limited to, traffic crashes, pulled over by a police officer, ticketed for traffic violations, being a witness to a crime, or any problems you may have had as juvenile. Please list the nature of the incident(s) and the action(s) taken. Please also list the time frame of the incident(s) and name of the Department/Agency. Include any traffic violations. (Use the back of this form or additional sheets if necessary)

Intentional falsification or omission of any information on this form will result in your automatic rejection for membership.

Date: ____/____/____

________________________________
Applicant’s Signature

________________________________
Parent/Guardian Signature
Participant/Model/Artist/Performer Release Form

I authorize the City of St. Petersburg/Police Department/WSPF-TV Channel 35/15/Public Safety Cadets/Florida Association of Police Explorers and its agents to utilize my name, likeness, appearance, video image, or photograph for the City’s advertising, trade, or promotional purposes. I further understand that my appearance in any production, any proofs or prints (negatives or positives), and video tapes shall remain the sole property of the City of St. Petersburg and its licensed agents. I also certify that my release and authorization contained herein will not violate any pre-existent or subsequent contracts or commitments for which I am responsible or liable.

I also agree that should I receive any prints, negatives, or video of my name, image, likeness, or appearance which were used for the City’s advertisement, trade, or promotional purposes, I shall not authorize its use by any other parties unless so agreed to by a responsible agent of the City of St. Petersburg.

DATE: __________________________

• I am over 18 years of age: __________________________________________________________ (signature of model, over age 18) (print name here)

• Witnessed by: ___________________________________________ __________________________ (signature of witness) (print name here)

• If minor: The model appearing is under age eighteen (18), and I do sign this release under the representation of legal parent or guardian:

_________________________ ____________________________
(Print model’s name, 18 & under) (Signature of model)

_________________________ ____________________________
(Signature of parent or guardian) (Print parent or guardian name here)

☐ Check here if you choose not to participate.

_________________________ ____________________________
(Print model’s name) (Signature of model)
Uniform and Equipment Agreement

Upon leaving Public Safety Cadet Unit #1969 for any reason, the member shall immediately surrender his/her assigned brass, uniform(s), pants, shirt(s), polo shirt(s), pant(s), ribbon(s), name tag(s) and any other issued uniform or equipment.

The member will be responsible for the cost incurred to replace lost items or items not returned upon separation. If the member fails to return all issued equipment, charges will be filed with the State Attorney's Office for prosecution.

________________________________________ Date: ___________________________
(Public Safety Cadet - Print Name)

________________________________________
(Public Safety Cadet - Signature)

If under 18 years of age:

Parent or Guardian: ____________________________________________________ Date: ___________
(Print)

Parent or Guardian: ____________________________________________________
(Signature)
Acknowledgement:

Signing indicates that you have received a copy of the By-laws and Standard Operating Procedures and understand you are responsible for reading and abiding by the rules listed in the By-Laws.

____________________________________________________________________ Date: ______________
(Public Safety Cadet - Print Name)

____________________________________________________________________
(Public Safety Cadet - Signature)

If under 18 years of age:

Parent or Guardian: __________________________ Date: __________
(Print)

Parent or Guardian: __________________________
(Signature)
Official use Only

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<th>Ofc. Init &amp; Date</th>
<th>DAVID</th>
<th>Ofc. Init &amp; Date</th>
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<tr>
<td>I/LEADS</td>
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<td>VIPAR</td>
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<td>D.J.J.</td>
<td>________________</td>
<td>Other</td>
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1st meeting ________________ (date)  2nd meeting ________________ (date)

3rd meeting ________________ (date)  4th meeting ________________ (date)

Checklist:

Due on the second meeting:

A completed application for acceptance

City of St. Petersburg: Resident/Non-Resident Program Registration Application

All the below items must be turned in before acceptance meeting will be held on 4th meeting.

- A copy of the applicant’s most recent report card. Students in a continuing education program, enrolled in college, homeschool, etc. must show proof of enrollment.
- A letter of recommendation from a person unrelated to the member (i.e. teacher, officer, neighbor, etc.)
- A $40.00 registration fee (Cash or check)
- Public Safety Cadet Agreement and Legal Waiver Form (separate form)
- St. Petersburg Police Fitness Center Authorization
- Hold-Harmless Agreement for Ride-Along Program
- Hold-Harmless & Medical Release form (must be notarized at Police Department Front Desk)
- Medical Forms. Parts A, B and C are required. Note: Part C must be signed and dated by a Doctor.
  This form must be completed yearly.
- Most current copy of shot records from a doctor’s office
- Copy of medical insurance card (if personal insurance is held)

**NOTE: Fingerprints and a photograph will be obtained after acceptance. This is required to obtain a department ID and access card.**