



# Whiteland Police Cadet Program Application

### Submitting your Application:

Applicants must complete all sections fully and return the form by mail or in person at the  
Whiteland Police Department, 549 Main St, Whiteland, IN 46184

#### A. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent or Legal Guardian #1: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent or Legal Guardian #2: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Any special accommodations required that the mentors need to be aware of? *If yes, please explain*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any health issues the mentors need to be aware of? *If yes, please explain*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance Coverage: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_



**B. PROGRAM INTEREST**

Why do you want to join the WPD Police Cadet Program?

---

---

---

---

---

What do you hope to gain from the WPD Police Cadet Program?

---

---

---

---

---

What prior interactions with Law Enforcement have you had?

---

---

---

---

---

**C. SCHOOL INFORMATION**

Current Grade Level: \_\_\_\_\_ Current School: \_\_\_\_\_

Have you ever had any behavioral issues at school?    Yes \_\_\_\_\_    No \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. CRIMINAL HISTORY**

Have you ever been arrested or detained by a law enforcement agency, including juvenile delinquency and traffic offenses?    Yes \_\_\_\_\_    No \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**E. PARTICIPANT PROGRAM FEE**

I am aware that there is a participant program fee of \$100 required. This fee covers my uniform shirt and my registration and sanction cost with the Public Safety Cadets program. This fee will be due after my acceptance into the program when I attend my first meeting.

**Adult Shirt Size** (circle size): Small Medium Large X-Large XX-Large XXX-Large

*\*\*Due to special circumstances, I am requesting assistance for the program fee to participate in the program.*  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_

**F. Participant Acknowledgments** (applicant to initial each statement)

\_\_\_\_\_ I understand that to participate in the WPD Police Cadets program that I must reside in the Whiteland Community, or reside in the Greater Whiteland Community and attend a Clark-Pleasant Community School (including Central Nine)

\_\_\_\_\_ I understand that to participate in the WPD Police Cadets program that I need to be between the ages of fourteen (14) and have completed the 8<sup>th</sup> grade & nineteen (19) or currently enrolled as a senior in high school.

\_\_\_\_\_ I understand that to be a participant in the WPD Police Cadets program that I have an interest in a possible law enforcement career and I need to be of good moral character and integrity.

\_\_\_\_\_ I understand that to participate in the WPD Police Cadets program I must currently be in good standing at school and with the Whiteland Police Department; and must remain in good standing.

\_\_\_\_\_ I understand that to participate in the WPD Police Cadets program I need to have a satisfactory G.P.A. of 2.0 or higher; and I am able to meet the expectations of maintaining a satisfactory G.P.A. in school. I acknowledge that this will be randomly checked during my program participation.

\_\_\_\_\_ I understand that Cadets are not employees and I will be volunteering my time with the Whiteland Police Department.

\_\_\_\_\_ I understand that I will be required to participate in community events, attend required meetings, and meet all other requirements of the program as detailed to remain an active program participant.

\_\_\_\_\_ I understand that Cadets are informal representatives of the Whiteland Police Department and are therefore expected to act responsibly, ethically, and professionally at all times; even when not participating in program activities.

\_\_\_\_\_ I understand the commitment that is required of me and the expectation of a higher standard of conduct than my peers.

\_\_\_\_\_ I agree that I shall be respectful of my advisors, fellow cadets, & anyone that I come into contact with.

\_\_\_\_\_ I will be respectful of the work environment and immediately follow any order given to me by any given member of the various departments encountered when I am observing, working an event, or receiving specialized training instruction.

\_\_\_\_\_ I understand that my participation is subject to dismissal for any violations of the WPD Police Cadet Program policy, any violation of the Indiana Criminal Code, and/or county/town ordinances.



I understand that violations including but not limited to alcohol, drugs, traffic violations, behavioral issues, failure to uphold WPD standards, negative contact with police, or other general misconduct are all grounds for dismissal from the program.

I agree that I will follow the uniform directive established for the program by the Chief of Police.

I understand that I will need to provide my own uniform pants (khaki in color) and shoes (black in color) for my police cadet uniform.

I understand when I am in my official Police Cadet uniform that it will be clean in appearance and my uniform shirt is to be tucked into the uniform pants.

I understand that my hair should be neatly trimmed, including facial hair.

I understand that Females are allowed one (1) pair of earrings while in uniform. And there are no other visible piercings allowed for any Cadets.

I understand that no drugs, alcohol, or tobacco products will be used by any Cadet in the program.

I understand that as a Cadet, I will only be in or wear my uniform pieces when attending meetings, at official program events, while observing or riding along with the WPD; or when approved by the program's Lead Mentor for a special circumstance.

I agree that I will always have my WPD Police Cadet Program identification with me at all times while in uniform.

I understand that the WPD Police Cadet Program will hold regular scheduled meetings the 3<sup>rd</sup> Thursday of the month (subject to change for trainer/instructor availability); with additional volunteer, event and ride-along opportunities throughout the year. An additional weekend meeting could also be scheduled quarterly to provide more time for training and instruction.

I understand that Cadets must attend 70% of meetings and events to be eligible for volunteer opportunities and to remain an active participant in the program.

I understand that I am expected to attend all mandatory functions.

I understand that if I am under the age of eighteen (18), then I must have a signed waiver approval from my parent or legal guardian to participate in the program or a Ride-along observation.

I understand that the meetings will involve classroom training, practical scenarios, hands-on participation, and special guest instructors.

I understand that meetings will require active participation and attention, both mentally and physically.

I understand that I will apply the knowledge and skills I have learned at the meetings when working mandatory functions and volunteer opportunities.

I understand that Cadets will be called upon to contribute time to help assist during community relations events.

I understand that Applicants will undergo a background check to determine their eligibility and fit with the program. And that any criminal arrest or detainment may be grounds for rejection of my application or my dismissal from the program.

I understand that I may be dismissed from the program at any time, with or without cause. And I will turn in my WPD Police Cadet Badge and department issued apparel at my dismissal.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Date*



**G. APPLICANT'S REQUEST/WAIVER TO RELEASE INFORMATION**

I understand that applicants will undergo a background check to determine their eligibility and fit with the program.

I hereby authorize and request all persons to whom this request, original or reproduced is presented and having information relating to or concerning me, to furnish such information to the appointed representative of the Whiteland Police Department.

I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional, statutory or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release a persons, firms, and corporations from all claims, of any nature, as a result of said communication or disclosure.

Information to be disclosed may include:

- Criminal History
- Educational Records
- Organizational Memberships
- Material Information relevant to reputations and/or moral character.

These records will be retained in a private confidential file in the Whiteland Police Department.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Date*

**H. SCHOOL VERIFICATION OF STUDENT PROFILE**

*(This section needs completed by a school guidance counselor to verify your enrollment status, G.P.A., and verification of good standing for all school enrollment requirements.)*

I verify that \_\_\_\_\_, an applicant for the WPD Police Cadet Program, is currently enrolled at \_\_\_\_\_ and is currently in grade \_\_\_\_\_.

What is the applicant's current G.P.A.? \_\_\_\_\_

Has the applicant ever had any behavioral issues at school?    Yes \_\_\_\_\_    No \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_

Is the applicant currently in good standing with the school?    Yes \_\_\_\_\_    No \_\_\_\_\_

*If no, please explain:* \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone Number*



**I. PROGRAM PARTICIPATION PARENTAL WAIVER FOR MINORS UNDER THE AGE OF 18**

As the Parent or Legal Guardian of \_\_\_\_\_, a minor under the age of 18, I agree and give permission for him/her to participate in the WPD Police Cadet program. I acknowledge that he/she meets the requirements of the program and agree to provide support from home while they are a participant in the program. I will also complete the 'Public Safety Cadets –Agreement and Legal Waiver Form' needed for my minor's participation in the program. This form covers the Public Safety Cadets agency, but also covers the Town of Whiteland, the Whiteland Police Department, and the Program Mentors & Instructors with the required authorizations to treat a minor, photo/video releases, and waiver & release of liability.

\_\_\_\_\_  
*Parent/Legal Guardian's Signature, if under the age of 18*      *Printed Name of Parent/Legal Guardian*      *Date*

**J. WAIVER FOR RIDE ALONG OPPORTUNITIES**

Assumption of Risk, Covenant Not to Sue & Permission to Ride in Town Vehicle

Whereas, the Town of Whiteland, by and through its agencies, owns and operates certain motor vehicles and:

Whereas \_\_\_\_\_, an individual desires permission of the said Town of Whiteland and its officers to ride in certain motor vehicles of said Town pursuant to their business, or otherwise;

Whereas, said individual recognizes and acknowledges the inherent risk in riding in said vehicles and voluntarily assumes said risk;

Now therefore, for and in consideration of the mutual promises and covenants of the parties hereto, each of same having been mutually bargained and exchanged for the other, the above named individual hereby acknowledge and assume the risk of riding in the motor vehicles of the said Town and releases, discharges and acquits the said Town, its representatives, employees, agents and officials, of any liability for damage of any nature or description that may result from his riding in said vehicles, and further warrants and agrees for himself and his successor that no action of any nature shall be filed, maintained or litigated against said Town, its representatives, employees, agents or officials resulting from same.

In consideration of the above covenants and warranties and at the express request of the said individual and relying solely and completely upon this individual, the privilege of riding in said vehicles operated by the said Town by and through its agencies departments and employees.

It is understood that this covenant not to sue shall not operate or release any claim these parties may have against any such third person, persons or corporations, responsible for any such damage, injury to or death of the undersigned individual.

\_\_\_\_\_  
*Printed Name of Rider*      *Rider's Date of Birth*      *Rider's Signature*

\_\_\_\_\_  
*Parent/Legal Guardian's Signature, if under the age of 18*      *Printed Name of Parent/Legal Guardian*      *Date*

\*\*\*\*\*

**WPD Police Cadet Ride Along Directives:**

- Police Cadets will be notified when they are approved for Ride Along opportunities.
- Police Cadets will have a maximum limit of 4 hours per month for Ride Along hours.
- Police Cadets will have the ability to earn more Ride Along hours.
- Officers can only have one Police Cadet at a time riding in their vehicle for a Ride Along.
- Police Cadets will be required to be in their full Police Cadet uniform during a Ride Along.
- A Ride Along will not be scheduled on a night prior to a School Day.
- Any Ride Along will need to be scheduled and coordinated thru the Lead Mentor and approved by the Chief of Police prior to the Ride Along taking place.
- Cadets will never leave the car at an incident scene, unless directed by Officers.



## 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 guardian, agree on his/her behalf:***

Parent/Guardian Signature: \_\_\_\_\_

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

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