Sacramento Police Department
Cadet Program

The mission of the Sacramento Police Cadet Program is to develop young people into productive, responsible citizens through leadership, team building, and hands-on activities while inspiring the pursuit of a law enforcement career.

QUALIFICATIONS

Age: Must be at least 14 years of age (graduated from middle school or junior high) and under the age of 21.

Physical Requirements: Must be in good health. (All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, gender identity, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever).

Academic Standing: Must maintain an OVERALL 2.0 GPA (current transcript required) and be currently attending high school or accredited college or university.

Other: No felony convictions.

REQUIREMENTS FOR A CADET

- Submit application, and pass interview and background check.
- Perform community service hours for a minimum of 8-24 hours per quarter.
- Conform to Sacramento Police Department and Police Cadet rules and regulations.
- Attend weekly Cadet meetings and some weekend and summer training.
- Be available for special events as needed.
- Be responsible for own transportation to meetings and events.

CADET DUTIES

- Work at community events such as parades, picnics, fun runs, and other City events.
- Office work as needed.
- Upon completion of appropriate training, work in specialized areas such as Records, Communications, Detectives and Crime Scene Investigation. Ride along with patrol officers.

SALARY The Sacramento Police Cadet Program is strictly voluntary, and, as such, does not provide financial compensation.
Sacramento Police Cadet Program Application of Interest

This application is to be typewritten or printed and written legibly in black ink only. When completed, email the application and transcript to youthservices@pd.cityofsacramento.org. If email is not available please mail to the Sacramento Police Department - Youth Services, 5770 Freeport Blvd, Suite 100, Sacramento, CA 95822. Statements in this application are subject to verification. Any intentional false information may result in immediate termination or dismissal from the Police Cadet Program.

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<td>NAME(S) and ADDRESS(ES) OF PARENT(S)/GUARDIAN(S): _____________________________</td>
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DO YOU HAVE A VALID CALIFORNIA DRIVER LICENSE? _______ CDL#: ______________________

LIST ALL TRAFFIC VIOLATIONS YOU HAVE RECEIVED:

________________________________________________________________________________________________________________________________________

HAVE YOU BEEN DETAINED BY THE POLICE FOR ANY REASON? _______

IF YES, GIVE DATE, TIME AND REASON. __________________________________________________________

LIST ANY SPECIAL SKILL OR HOBBIES THAT MAY BENEFIT YOU IN THE CADET PROGRAM.

________________________________________________________________________________________________________________________________________

LIST ALL CLUBS AND ORGANIZATIONS YOU ARE PRESENTLY A MEMBER OF:

________________________________________________________________________________________________________________________________________

How did you hear about the Police Cadet Program? __________________________________________________________
LIST ALL EMPLOYERS AND/OR VOLUNTEER POSITIONS INCLUDING DATES, COMPANY NAMES AND SUPERVISORS. (If more than two employers, please use the back of this page.)

NAME: __________________________________ PHONE: ___________________________

ADDRESS: _______________________________________________________________________

SUPERVISOR: _________________________________________________________________

DATES EMPLOYED: FROM: ________________ TO: ________________________

NAME: __________________________________ PHONE: ___________________________

ADDRESS: _______________________________________________________________________

SUPERVISOR: _________________________________________________________________

DATES EMPLOYED: FROM: ________________ TO: ________________________

QUESTIONS:

1. Why do you want to be a police cadet?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Have you ever been a Police Cadet in any other program? If yes, please describe.
   ____________________________________________________________________________
   ____________________________________________________________________________

3. What do you already know about the Sacramento Police Cadet Program?
   ____________________________________________________________________________
   ____________________________________________________________________________

4. Where do you see yourself in the next ten years?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Do you know anyone in the law enforcement field? If yes, how have they influenced you?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

The above information is true and accurate to the best of my knowledge. I understand this is only an application for the Sacramento Police Department Cadet Program and not a letter of appointment.

CADET CANDIDATE SIGNATURE________________________________________ DATE ______________

Yes, I the parent/guardian understand the requirements of the cadet program and I agree to allow _____________________________ to participate in the program.

SIGNATURE OF PARENT________________________________ PHONE NUMBER________________