



Momence Police Department Cadet Application

Cadet's duties include traffic control, crowd control, assisting with vehicle maintenance, assisting with City events, and other various needs that may arise within the community. In addition, the cadet program will provide the necessary skills and life experiences to assist our cadets in pursuing successful military or law enforcement careers.

The cadets selected to serve in this volunteer role will be an important member of the Momence Police Department team and enjoy many of the privileges that come with serving our community. However, the condition of each privilege comes with a great deal of responsibility on the part of each individual cadet to live up to the standards that have come to be expected of a member of the Momence Police Department.

POLICE CADET APPLICATION & INSTRUCTIONS

Eligibility Requirements for Police Cadet Consideration

1. Candidate must be between the ages of 13-21 and enrolled in high school and/or college. (*Selection preference will be given to Momence students and/or Momence residents*)
2. Candidate must maintain a GPA of C or better. (*Required submission of semester grade reports – Honor Roles students & Deans List students will be given selection preference*)
3. Candidate must be in good standing at the school in which they are enrolled.
4. Candidate must pass an extensive background investigation. (*Prior criminal arrests, juvenile/adult criminal records, and school disciplinary matters may disqualify a candidate from being accepted into the program*)
5. Candidate must take part in and pass a comprehensive oral interview.
6. Candidate must maintain and display a high standard of morals, ethics and integrity at all times.
7. Candidate will be required to obey all Standard Operating Procedures and Rules and Regulations of the Momence Police Department.
8. Candidate will be required to sign and abide by the Momence Police Departments Code of Ethics Policy.
9. Candidate must participate in all meetings, training and department events as scheduled.
10. Candidates who are under 18 years of age must have a signed waiver by a parent or guardian.

Enclosed you will find an application, background packet, medical information form, non-disclosure form and a vehicle operation and insurance policy statement. It is a normal part of the Momence Police Department to conduct an extensive background investigation on all applicants being considered. As part of that background investigation we will be contacting your school, your references, your employer, and any other person that may be able to provide information favorable to your acceptance in our program.

The application must be complete, all questions must be answered completely and accurately. Falsification or failure to provide the required information will cause you to be removed from consideration. Acceptance into the Momence Police Department Police Cadet Program remains the sole discretion of the Chief of Police, and/or his designee.

**Completed applications may be dropped off or mailed to the:
Momence Police Department
123 West River Street
Momence, Illinois 60954**

Application:

Name: _____
Last First MI Social Security Number

Address: _____
Street Name City State Zip Code

Home Phone: _____ Cell Phone: _____ D.O.B.: _____

Do you have any friends or relatives that are part of a cadet program or are employed by a police or law enforcement agency? Yes or No

If so, please list them in the space provided:

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

School Information:

School _____ Year _____ GPA _____
(Current School – Must be actively enrolled)

Counselor/Program Director _____ Phone Number _____

Employment Information: (List current employer, if any, and most recent past employer)

Employer _____ Phone Number _____

Address _____ City _____ State _____

Employer _____ Phone Number _____

Address _____ City _____ State _____

References:

Name: _____ Number of years acquainted: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Name: _____ Number of years acquainted: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Name: _____ Number of years acquainted: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Background Information:

Driver's License # _____ State _____ Type _____

Restrictions _____ Expires on _____

Has your license ever been suspended or revoked? _____ If yes, give date _____

Reason _____

Do you own a vehicle? _____ Year _____ Make _____ Model _____

Color _____ License Plate Number _____

LIST ALL TRAFFIC TICKETS THAT YOU HAVE RECEIVED

Month/Year	Charge	Location & Issuing Agency	Disposition
------------	--------	---------------------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Information

Parent/Guardian/Emergency Contact

Mother's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Address: _____

E-Mail Address: _____

Father's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Address: _____

E-Mail Address: _____

Guardian's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Address: _____

E-Mail Address: _____

I, _____ have read the above application and state the same and the facts therein are true.

Signature

Date

LESS THAN 18 YEARS OF AGE REQUIRES PARENT/GUARDIAN SIGNATURE

Signature

Date

Health History Information

This information is optional, but will assist the program in insuring the safety of all involved.

This line should **ONLY** be completed if the applicant or parent/guardian refused to complete the health history form

Refused to provide information _____
(Applicant's signature or signature of parent/guardian if under 18 years of age.)

Do you have any illness or injury that may prevent you from taking part in Police Cadet activities? _____ If yes, please explain _____

Are you taking any medications on a regular basis? _____ If yes, please list the medications and the dosages _____

Do you wear glasses or contact lenses? _____

Do you have any hearing impairments? _____

Have you ever been diagnosed with a mental, nervous disorder, or have you ever attempted or threatened suicide? _____ If yes, explain _____

Any restrictions or activity for medical reasons?



Momence Police Cadets

Non-Disclosure Agreement

I understand that:

1. As a result of my volunteering with the Momence Police Department and my association with the Police Department, I may be the recipient of information which, in itself or by implication, is confidential or sensitive. This confidential information may include information contained in law enforcement data systems, manual or automated, and accessed by the Momence Police Department.
2. I will be responsible for not disclosing such information by any means except in accordance with Momence Police Department rules and regulations. I am responsible for the safekeeping of such information, documents, and material in the facilities and in the manner approved by the Momence Police Department and for the handling of such information, material and documents so as to prevent their disclosure of unauthorized persons.
3. I have a personal and individual responsibility for the protection of all such information, documents and material in my possession no matter how acquired.
4. After termination of my volunteer status, I am not to disclose to anyone any confidential or sensitive information, documents or material of any kind obtained by me as a result of my volunteering with the Police Department without the authorization of the Chief of Police.
5. I have not been convicted of a felony, and have not and will not be involved in any criminal or inappropriate activity. I will not associate with persons having criminal history during my period of being a volunteer with the Momence Police Department.
6. If a breach of any provision of this agreement occurs, it may result in disciplinary action, up to and including dismissal from the cadet program.

I am aware that the signing of the Non-Disclosure Agreement is a condition of my participation as a volunteer with the Police Department.

Cadet Signature

Date

Chief of Police or Cadet Advisor

Date



Vehicle Operation / Insurance Policy Statement for Volunteers

Concerning insurance covering your activities as a Momence Police Department Cadet volunteer, you are not covered by the City of Momence Worker Compensation Program. You are, therefore, required to have your own health insurance in the event you are injured while performing volunteer activities. You are covered by the City’s General Liability Fund, which will protect you in the event of property damage or accidental injury to the public as a result of your performance of volunteer duties assigned by the Momence Police Department. In addition, should you be asked to operate a City of Momence vehicle as a part of your volunteer duties, you will be covered for property damage of bodily injury to others resulting from a vehicle accident. Again, you are required to have your own health insurance to cover any injuries to yourself. If you drive your own vehicle to perform your assigned volunteer duties, the above coverage applies; however, the City of Momence will not be responsible for any damage to your vehicle, and you must carry your own auto insurance for this purpose. Acceptance to this program will require a check of your driving record and driver’s license status with the Illinois Secretary of State’s Office. Cadets who are eligible, are required to have a clean driving record with a valid Illinois Driver’s License.

Cadet’s Name (Printed)

Cadet’s Signature

Date

If Cadet is Under 18 Years of Age – Parent/Guardian Signature is Required

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date



**Momence Police Department Cadet Program
Background Check Release Form**

I, _____, Date of Birth _____ do hereby authorize any sworn officer(s) of the Momence Police Department to have access to: any records your agency and/or school may have concerning me, my school records, criminal records, driving record, juvenile criminal record, adult criminal record, employment records, school disciplinary records, attendance records, and grade report records.

I have included a photocopy of my birth certificate and photo identification/driver's license with this application and background release form.

Date: _____

Applicant's Signature

Parent/Guardian's Signature if applicant is under 18



The information in this application packet is true and accurate to the best of my knowledge _____

Applicants Signature

Date

This information has been reviewed and verified by:

Parent/Guardian's Signature Required if Applicant is Under 18 years of age

POLICE DEPARTMENT USE ONLY

Application Reviewed by

Date

Interview Date & Time: _____

Applicant Approved for Background Investigation: Yes No

Background Investigation Completed: _____
Date

Completed by

Acceptance Approved _____

Acceptance Denied _____

Program Coordinator/Supervisor

Chief of Police