



FAIRFAX COUNTY PUBLIC SAFETY CADETS APPLICATION FOR MEMBERSHIP

Name: _____
(Last) (First) (Middle)

Ethnicity (Check all that apply): White Black Asian/Pacific Islander
 Hispanic Native American Multi Racial

Date of Birth: _____ Age: _____ Gender: M F Other
Month / Date / Year

Street Address: _____ APT : _____

City: _____ State: _____ Zip: _____

Email (do not use FCPS student email address): _____

Phone: _____

Social Media Handles:

Driver License/ Identification Number: _____ State: _____

Social Security Number: _____

Other Govt. issued ID type: _____ Number: _____

Current School: _____

Current Grade: _____ Current GPA: _____

School Resource Officer (SRO) Name: _____ SRO Initials: _____

SRO's Email: _____ SRO Work Number: _____

Are you currently employed? ___ Yes ___ No

If yes, please list the business name, location, phone number, supervisor and weekly schedule:

Do you understand that you will be required to attend regularly scheduled meetings (held every Monday) while in the Public Safety Cadet Program and that you will be required to participate in a minimum amount of volunteer service hours per month? ___ Yes ___ No

Parent Contact Information:

Parent 1 Name: _____

Date of Birth: _____ Relationship: _____

Street Address: _____ APT: _____

City: _____ State: _____ Zip: _____

Driver License/ Identification Number: _____ State: _____

Phone: _____ Email: _____

Parent 2 Name: _____

Date of Birth: _____ Relationship: _____

Street Address: _____ APT: _____

City: _____ State: _____ Zip: _____

Driver License/ Identification Number: _____ State: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Date of Birth: _____

Street Address: _____ APT: _____

City: _____ State: _____ Zip: _____

Driver License/ Identification Number: _____ State: _____

Relation to Applicant: _____

Phone: _____ Email: _____

Do you have a family member involved with Law Enforcement?

Name: _____

Agency: _____

Email: _____

Phone: _____ Relationship: _____

Medical Information:

List any medical issues, problems, alerts or allergies that unit mentors should be aware of to protect your health and safety and that of other program participants:

Allergies: _____

Medications: _____

Medical Insurance Company: _____ Policy #: _____

Personal History Questions:

Have you ever been suspended from school? Yes No

If yes, please explain:

Have you ever been disciplined at school? Yes No

If yes, please explain:

Have you ever been expelled from school? Yes No

If yes, please explain:

Have you ever been arrested? Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Have the police ever been called to your home? Yes No

If yes, please explain:

Have the police ever been called on you? Yes No

If yes, please explain:

Have you ever received a traffic citation (ticket) or warning? Yes No

If yes, please explain:

Have you ever been detained by a law enforcement officer? Yes No

If yes, please explain:

Have you had any other official contact with law enforcement? Yes No

If yes, please explain:

Are there any custody or family issues that may affect your involvement in the program? Yes No

If yes, please explain:

Have you ever used illegal drugs (e.g. nicotine, vapes, THC, marijuana, cocaine, fentanyl, etc.)?

Yes No

If yes, please explain:

Have you ever consumed alcoholic beverages? Yes No

If yes, please explain:

Have you ever purchased or sold drugs? Yes No

If yes, please explain:

Have you ever been involved with a gang or similar organization? Yes No

If yes, please explain:

Have you ever tried or used any prescription medications that were not yours? Yes No

If yes, please explain:

Have you ever used anything outside of its intended means (purpose) with the intent to get high?
____ Yes ____ No

If yes, please explain:

You will be required to remain drug, nicotine, and/ or alcohol free if accepted into the Public Safety Cadet Program and may be subject to random drug testing. Do(es), you (your child) agree to remain drug, nicotine, and alcohol free and consent to random drug testing?

(Your Initials)

What other groups, clubs, sports or organizations do you participate in; will these other programs interfere with your ability to attend regularly scheduled meetings and events?

How did you learn about the Public Safety Cadet Program?

What are your career goals?

Why do you want to join the Fairfax County Public Safety Cadet Program?

Applicant Certification

By signing and submitting this application for membership, I (my child) affirm(s) that the information provided is true and accurate. Any information found to be false or misleading will **automatically disqualify** you (your child) from becoming a member of the Fairfax County Public Safety Cadet Program and may negatively affect any future employment with our agency. Submission of this application is **NOT** a guarantee of acceptance. If accepted into the Public Safety Cadet Program, I (my child) understand(s) that you will be required to submit your report cards quarterly (to verify GPA) to the Lead Mentor or representative, to consent to random drug testing, and to consent to thorough background check to include review of your criminal history, social media, educational records, and any and all contacts you have had with law enforcement. Additionally, I (my child) understand(s) that Public Safety Cadets are **NOT** compensated and are **NOT** considered employees of the FCPD. Public Safety Cadets are volunteers and serve at the discretion of the FCPD and its representatives.

Applicant Printed Name: _____

Signature: _____ Date: _____

Parent (If applicant is under 18 years old)

Print Name:

Signature: _____ Date: _____