

Clackamas County Sheriff's Office

Cadet Program



Requirements for Membership & Application

Application turned in on:

Date: _____

Time: _____

Received by: _____

**DATE, TIME AND SIGNATURE OF PERSON RECEIVING THIS
APPLICATION MUST BE FILLED TO BE ACCEPTED.**

NOTICE TO APPLICANTS

The **Clackamas County Sheriff's Office Cadet Program** accepts applications from Jan. 1 to Nov. 1. All applications received from Nov. 2 through Dec. 31 will be considered for the following year's recruitment.

Background investigations are completed and interviews are conducted during September through December. Selected Recruit Cadets will be contacted around Dec. 1, and will begin attending meetings no later than the first meeting in January.

All Recruit Cadets are required to successfully complete the annual Explorer/Cadet Academy — which is conducted for 12 consecutive Saturdays beginning in February or March.

Applications must either be TYPED OR WRITTEN LEGIBLY IN BLACK INK or the application will be rejected.

Complete the application and return the 8 pages of the Application and the Authorization to Release Information to the Sheriff's Office. (If a section of the application does not apply, write, "DOES NOT APPLY.")

Do not leave any section blank, or your application will be rejected. Complete address is required, or your application will be rejected. P.O. BOX addresses will not be accepted.

THE AUTHORIZATION TO RELEASE INFORMATION MUST BE NOTARIZED. IF YOU FAIL TO NOTARIZE, YOUR APPLICATION WILL BE REJECTED.

MAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED.

All applications **MUST** be turned into Clackamas County Sheriff's Office during normal business hours. Date, time and signature of the Sheriff's Office personnel receiving the application must be on the cover page of the application to be processed.

Deliver applications **in person** to:

**Clackamas County Sheriff's Office
Cadet Program
attn: Deputy Erik McGlothlin
9101 SE Sunnybrook Blvd.
Clackamas, OR 97015**

Additional information online at: **www.clackamas.us/sheriff/cadet.htm**

If you have any questions, call the Sheriff's Office and ask to talk to a Cadet Program Advisor. Your message will be forwarded, and an Advisor will call you as soon as possible.

MEMBERSHIP REQUIREMENTS

AGE: Membership in the Clackamas County Sheriff's Office Cadet Program is open to all interested persons between the ages of 15 and until their 21st birthday who meet the following requirements:

1. Have parental approval (under 18 years of age).
2. Must be willing to fully participate in various activities, including training, public service, department functions, and social activities.
3. Must be willing to work to continually improve the Cadet Program.
4. Must understand and be willing to obey all Program rules and regulations, to include the Cadet Manual and the Clackamas County Sheriff's Office Rules and Regulations.
5. Must demonstrate professional demeanor and remain in good standing at all times.
6. Applicants **under 15 years old** may apply as long as the applicant turns 15 years old **ON or BEFORE** Explorer/Cadet Academy Graduation.

SCHOOL: Applicants must be enrolled in high school, or possess a high school diploma, a G.E.D., or equivalent. Members are required to maintain a grade point average of at least 2.5.

1. High school / G.E.D. graduates must have cumulative 2.5 GPA upon graduation.
2. College students must keep average of at least 2.5.

BACKGROUND: Applicants will be required to pass an oral interview given by the Program Chain of Command and Advisors.

The Clackamas County Sheriff's Office will conduct a complete criminal and driving record investigation on the applicant.

Those applicants who have any criminal convictions — whether by arrest or citation — or a poor driving record may be disqualified from acceptance.

APPLICATIONS: Applications are available year-round from the Sheriff's Office Brooks Building (9101 SE Sunnybrook Blvd., Clackamas, OR 97015). Applications can be obtained by downloading an application from the Cadet Web page, located at www.clackamas.us/sheriff/cadet.htm

MEETINGS: Meetings are held on the 2nd and 4th Sunday of each month at 4:00 p.m. at the Clackamas County Sheriff's Office Brooks Building (9101 SE Sunnybrook Blvd., Clackamas, OR 97015). **MEETINGS ARE MANDATORY (UNLESS VALID EXCUSE).**

TRAINING: Cadets must complete a Training Phase before being allowed to ride on patrol with a regular Deputy. Cadets must complete a C-COM Tour, a Jail Tour, 4 hours with the Property Division, a Radio Test and 40 hours of ride-a-longs with Advisors and / or approved Deputies.

Cadets are required to attend and successfully complete the **Explorer/Cadet Academy**, which is held for 12 consecutive Saturdays beginning in March. The academy costs \$100.00, which is non-refundable.

Cadets must also attend scheduled training events, which are normally held earlier in the day on meeting dates.

ADVISORS: Cadets will use the Cadet Program Chain of Command to resolve problems. If this is not possible, Advisors are available at all meetings or on an emergency basis.

Clackamas County Sheriff's Office • Cadet Program Application

Clackamas County Sheriff's Office Cadet Program

9101 SE Sunnybrook Blvd.
Clackamas, OR 97015
503-969-3001

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Clackamas County Sheriff's Office Cadet Program with any and all information that you have concerning myself, my work record, my school records to include disciplinary actions, my financial status, my driving record, my criminal history to include juvenile records, and any other information requested by the Sheriff's Office. Information of a confidential, privileged nature may be included. Your reply will be used to assist the Clackamas County Sheriff in determining my qualifications and fitness for the position I am seeking in the Sheriff's Cadet Program.

I hereby release you, your organization/company/school and others from any liability or damage that may result from furnishing the information requested.

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.

APPLICANT'S SIGNATURE

PARENT'S SIGNATURE (IF UNDER 18)

DATE

State of Oregon
County of Clackamas

Signed or attested before me on ____ day of _____, 20__

By _____ (printed name of applicant)

By _____ (printed name of parent only if needed)

x _____

Notary Public – State of Oregon (signature)

NOTARY SEAL

Clackamas County Sheriff's Office Cadet Program
APPLICATION FOR MEMBERSHIP

Please type or print legibly in black ink. Fill in all sections. Incomplete or unreadable applications will be rejected.

IF YOU NEED MORE ROOM TO COMPLETE THIS APPLICATION,
PLEASE USE A BLANK SHEET OF PAPER AND ATTACH.

PERSONAL INFORMATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

AGE: _____ BIRTHDATE: _____

DRIVER'S LIC NUMBER: _____ STATE OF ISSUE: _____

WHAT OTHER STATES HAVE YOU HAD A DRIVER'S LICENSE? _____

HAVE YOU TAKEN DRIVERS ED? _____ WHEN AND WHERE _____

SOCIAL SECURITY NUMBER: _____

HEIGHT: _____ WEIGHT: _____ COLOR EYES: _____

COLOR HAIR: _____

WORK INFORMATION

NAME OF EMPLOYER: _____

ADDRESS: _____ ZIP _____

SUPERVISOR: _____ PHONE: _____

HOW LONG HAVE YOU WORKED HERE? _____

YOUR PRIMARY DUTIES: _____

PARENTS (Include Step-Parents)

NAME _____
RELATIONSHIP _____ DOB _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
EMPLOYER _____
DOES THIS PARENT RESIDE WITH YOU NOW? _____ IF NO, WHY? _____

NAME _____
RELATIONSHIP _____ DOB _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
EMPLOYER _____
DOES THIS PARENT RESIDE WITH YOU NOW? _____ IF NO, WHY? _____

NAME _____
RELATIONSHIP _____ DOB _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
EMPLOYER _____
DOES THIS PARENT RESIDE WITH YOU NOW? _____ IF NO, WHY? _____

SIBLINGS

(List brothers, sisters, step-brothers, step-sisters)

NAME _____ DOB _____
RELATIONSHIP _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS _____

NAME _____ DOB _____
RELATIONSHIP _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS _____

NAME _____ DOB _____
RELATIONSHIP _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS _____

SIBLINGS (CONT.)

NAME _____ **DOB** _____
RELATIONSHIP _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS _____

NAME _____ **DOB** _____
RELATIONSHIP _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS _____

RESIDENCES

**(List the last 3 addresses where you have lived.
Include who lived with you at each)**

1) ADDRESS _____
CITY _____ STATE _____ ZIP _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

2) ADDRESS _____
CITY _____ STATE _____ ZIP _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

3) ADDRESS _____
CITY _____ STATE _____ ZIP _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

EDUCATION/SCHOOL INFORMATION

HIGH SCHOOL GRADUATE? YES NO YEAR GRADUATED: _____

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

G.E.D.? YES NO YEAR COMPLETED: _____

WHERE FROM? _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

ATTENDING HIGH SCHOOL? YES NO

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

WHAT GRADE _____ YEAR TO GRADUATE _____

CURRENT GPA _____

ATTENDING COLLEGE? YES NO

WHICH COLLEGE? _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

CURRENT GPA: _____

MAJOR: _____

ATTENDANCE AT MORE THAN ONE HIGH SCHOOL?

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

YEAR(S) ATTENDED: _____

REASON FOR CHANGING SCHOOLS? _____

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

YEAR(S) ATTENDED: _____

REASON FOR CHANGING SCHOOLS? _____

Clackamas County Sheriff's Office • Cadet Program Application

**IF YOU HAVE EVER BEEN ARRESTED, HELD ON SUSPICION,
DETAINED OR FINGERPRINTED BY ANY POLICE OR JUVENILE AUTHORITY,
PROVIDE THE FOLLOWING INFORMATION:**

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

DISPOSITION: _____

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

DISPOSITION: _____

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

DISPOSITION: _____

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

DISPOSITION: _____

**ON A SEPARATE PIECE OF PAPER AND BEGINNING WITH THE MOST
RECENT CASE, WRITE AN ACCOUNT OF EACH INCIDENT LISTED ABOVE.
FAILING TO DO THIS, YOUR APPLICATION WILL BE REJECTED.**

REFERENCES

LIST FIVE (5) PERSONS NOT RELATED TO YOU WHO KNOW YOU WELL. PREFERABLY LIST RESIDENTS OF OREGON. DO NOT INCLUDE FAMILY AND FRIENDS. INDICATE HOW LONG THE REFERENCES HAVE KNOWN YOU. ALL INFORMATION REQUESTED BELOW MUST BE COMPLETED.

#1 NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#2 NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#3 NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#4 NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#5 NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

SIGNATURE

All of the above and attached information is true and correct to the best of my knowledge. (If not, your application will be rejected.)

Signature of Applicant

Date

DO NOT WRITE IN THIS BOX — OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

APPLICATION FILLED OUT PROPERLY? YES NO

BACKGROUND INVESTIGATION ASSIGNED TO: _____

- RECORDS CHECK (ATTACHED)
- DRIVING RECORD (ATTACHED)
- WORK INFORMATION (ATTACHED)
- SCHOOL INFORMATION (ATTACHED) GPA: _____
- REFERENCE LETTERS (ATTACHED)
- CHECK ON PREVIOUS ADDRESSES (ATTACHED)
- CHECK ON REFERENCES (ATTACHED)

OTHER: _____

ORAL INTERVIEW: DATE: _____ PASS FAIL REASON: _____

ACCEPTED INTO PROGRAM: YES NO DATE: _____

SIGNATURE OF ADVISOR: _____