



PUBLIC SAFETY CADET PROGRAM APPLICATION FORM

PARENT AUTHORIZATION FORM

MINOR ONLY Notary/Police Officer Form

All cadet applicants under the age of 18 must sign this application with a parent or guardian in the presence of a notary or sworn police officer

By signing, I acknowledge my application for the Summit Metro Police Cadets and allow my minor child to participate in the Summit Metro Police Cadet Program.

APPLICANT PRINTED NAME: _____ **DATE:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN PRINTED NAME: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

NOTARY ACKNOWLEDGEMENT

State of Ohio

County of Summit

The forgoing instrument was acknowledged before me on this _____ day of _____, 20____
by _____ (Notary printed name).

(Seal)

Signature of Notarial Officer