



**PUBLIC SAFETY CADET PROGRAM
APPLICATION FORM**

CERTIFICATION:

I understand that this form is subject to examination by the Summit Metro Public Safety Cadets. I acknowledge that all of the information contained will be used solely for law enforcement purposes to determine my suitability as a Cadet. All the information herein is accurate and true to the best of my knowledge. I understand that this application form will become property of the Summit Metro Public Safety Cadets.

APPLICANT SIGNATURE: _____ **DATE:** _____

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

AUTHORIZATION OF RELEASE OF INFORMATION:

As an applicant for the Summit Metro Public Safety Cadet., I hereby authorize the release and full disclosure of any or all personal/confidential information to any duly authorized agent of the Summit Metro Public Safety Cadet.

APPLICANT SIGNATURE: _____ **DATE:** _____

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

ACKNOWLEDGEMENT:

I hereby acknowledge that if I am selected as a Cadet, my primary objective will be to examine and study the field of law enforcement and community service. I understand that teamwork is a necessity for the success of the program and my own personal growth. I will remain true and honest, and will strive to achieve the objectives and ideals of the Summit Metro Public Safety Cadet.

APPLICANT SIGNATURE: _____