



Catawba County Sheriff's Office Cadet Program Membership Application



Applicant Information

Full Name:	
Address:	
Cell Phone:	
Email:	
Date of Birth:	

Parent Information

Father's Name:	
Address:	
Cell Phone:	
Email:	
Mother's Name:	
Address:	
Cell Phone:	
Email:	

General Information

Are you a student?	Yes/No	Name of School:
List participation in school sports:		
List Hobbies and activities:		
Are you employed?	Yes/No	Name of Employer:
List any traffic Charges:		
List any criminal charges:		
Have you ever been detained or questioned by law enforcement:	Yes/No	
If so explain:		
Why do you want to be part of the Catawba County Sheriff's Office Cadet Program?		
Will you be able to attend regular meetings held throughout the month?	Yes/No	
Will you be available on weekends for additional training and/or special events?	Yes/No	
Will you have problems with transportation to and from meetings and events?	Yes/No	
Will you have any problems taking orders from male or female members of the program that are in a supervisory position that may be younger or older than you?	Yes/No	
Are you a member of any other volunteer agency?	Yes/No	
If so, what?		

Medical Information

How long has it been since your last physical examination:			
Who is your family doctor:		Doctor's Phone:	
List family insurance carrier name:			
Group #:		ID#:	
Do you have any allergies?	Yes/No		
If yes, please list allergy and reaction:			
Do you have any reaction(s) to insect bites, poison ivy, etc?			Yes/No
List any chronic illness (diabetes, heart disease, etc.)			
Do you take any prescription medication?			Yes/No
If yes, please list medications, reason for medication, and prescribing doctor:			
List any physical problems or restrictions that would limit participation in any activity:			

Acknowledgement

The information given by me in this application is true and correct to the best of my knowledge and belief. I understand that if I willingly give any false information I will not be considered for membership with the Catawba County Sheriff's Office Cadet Program.	
Parent Name:	Date:
Parent Signature:	Date:
Participant Name:	Date:
Participant Signature:	Date:

Cadet Background Investigation Authorization & Transportation Consent

I (Parent/Guardian), _____, authorize the Catawba County Sheriff's Office and the Catawba County Sheriff's Office Cadet Program to conduct a background on my child, _____. This background check will include but is not limited to Criminal Records, Civil Records, School Records, and Social Media. I understand that this records check is being completed for my son or daughter as a requirement for membership with the Catawba County Sheriff's Office Cadet Program. All information obtained during the background investigation will be kept confidential and will only be viewed by the Catawba County Sheriff's Office Cadet Program Advisory Board and with authorized personnel of Catawba County Sheriff's Office.

Policy and Procedure

I, (Parent/Guardian), _____, give consent to the Catawba County Sheriff's Office and the Catawba County Sheriff's Office Cadet Program to provide transportation for my child, _____, to provide assistance for transportation when going trips, sites and all other outings provided by the Catawba County Sheriff's Office Cadet Program.

I understand and agree that the Catawba County Sheriff's Office will not be responsible for any accidents or injuries that occur while they are providing transportation, or participating in any Catawba County Sheriff's Office Cadet Program activity.

I understand and agree to follow all the rules, regulations, policies, and procedures of the Catawba County Sheriff's Office Cadet Program and agree to abide by those rules, regulations, policies and procedures.

Force on Force/Simunition Training/Safety Rules

The participant of the Cadet program set forth by Catawba County Sheriff's Office, will be part of law enforcement scenarios set by the Catawba County Sheriff's Office. The scenarios will be held at different locations, depending on the training, date, and time, and we will utilize simunition or airsoft guns. The simunition guns shoot out a marking cartridge, which comes in different colors. The non-lethal cartridge leaves a detergent-based, water-soluble color-marking compound. The visible impacts allow accurate assessment of simulated lethality. The airsoft guns shoot a plastic pellet ammunition. The advantages of the Force on Force (FOF) training is that it is more realistic close-range training system.

Tools Provided by Catawba County Sheriff's Office:

Training Gun (Simunition or Airsoft Weapon)

Non-Lethal Ammunition

Helmet with eye and face protection
Duty belt

There will be **NO** functional firearms, live ammunition, magazines, O.C. spray, batons, knives, backup weapons, tasers or any other weapons allowed inside during FOF training.

No Electronic devices (Cell Phones/Cameras) are allowed during FOF training by Cadets, unless filmed by the Catawba County Sheriff's Office for training/recruiting/ or advertising purposes.

Protective gear must be worn when engaging in the drills or scenarios. Protective Gear will be worn until the safety officer/instructor/advisor tells you to remove it.

A secured area will be established at the training site. Once you have been checked and allowed to enter the area, **YOU CANNOT LEAVE WITHOUT ADVISING A SAFETY OFFICER/INSTRUCTOR/ADVISOR. IF YOU LEAVE THIS AREA YOU MUST BE CHECKED AGAIN BEFORE YOU CAN ENGAGE IN FOF TRAINING.** (This goes for instructors as well).

Triple check for any unauthorized material. Check yourself, check each other and then you must be checked by a safety officer/instructor. Ask direct question and assure that everyone has all the necessary protective gear.

The Force on Force scenario starts when the safety officer/instructor yells "scenario is live!"

If there is a need to **STOP** or **PAUSE** the FOF training once in progress, a safety officer/instructor will blow a **WHISTLE**. Everyone will **CEASE** all activity and freeze their positions without moving. At that moment, all weapons will be pointed in a safe direction.

KEEP ALL WEAPONS HOLSTERED. You will not engage anyone with an airsoft weapon unless directed to do so by the safety officer/instructor. A safety officer/instructor will give you the weapon prior to the drill or scenario. You will return the weapon to a safety officer/instructor prior to leaving the airsoft room or training area. Safety officer/instructor will clear any malfunctions and reload the weapons.

Safety is paramount. **No horseplay in the training area.** Please let a safety officer/instructor know immediately if you see anything that appears to be unsafe. If you engage in any unsafe actions, you will be asked to leave the training exercise immediately and dismissed from program.

FAILURE TO FOLLOW ALL INSTRUCTIONS, CAUTIONS, AND SAFETY RULES COULD RESULT IN SERIOUS PERSONAL INSURY.

DO NOT DROP WEAPONS ON THE FLOOR OR GROUND OR KICK WEAPONS. LAY THEM DOWN.

By signing below, I understand everything covered in this packet pertaining to the Cadet program, including the medical information, cadet background investigation authorization, transportation consent, policy and procedures, and the force on force simunition/airsoft training safety rules.

Participant's Signature

Parent or Guardian Signature

Hold Harmless:

The undersigned, parents or guardians of _____, a participant of Catawba County Sheriff's Office Cadet Program, hereby indemnifies and hold harmless the Catawba County Sheriff's Office, Catawba County, Catawba County Schools, and its agencies and employees, specifically including any and all Law Enforcement Officers or personnel involved with the supervision and control of the Catawba County Sheriff's Office Cadet Program from any claims of any kind whatsoever or any nature of injury to the person or damage to the property of _____, his/her parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the County of Catawba, its servants, agents, or employees, and particularly the Law Enforcement Officers engaged in the supervision and control as set forth herein above. I also hereby release and give full consent to the Catawba County Sheriff's Office Cadet Program the right to publicize, photograph, videotape, and/or broadcast my name as a member of the Catawba County Sheriff's office Cadet Program, and all other matters incidental thereto.

Parent Signature: _____

Parent Name: _____

Student Signature: _____

Student Name: _____

Date: _____