



MANITOWOC COUNTY
SHERIFF
PUBLIC SAFETY CADET PROGRAM
-- APPLICATION --



APPLICANT INFO

Name (First, M.I., Last): _____

Date of Birth: _____

Home Address: _____

City: _____

Cell phone: _____

Home phone: _____

Email: _____

Facebook name: _____

School: _____

Grade level: _____

Gender: _____

Have you been a Cadet or Explorer previously? YES NO

If so, where? _____

RETURN COMPLETED FORM TO
SHERIFF'S OFFICE:

1025 S. 9th St, Manitowoc, WI

-OR-

EMAIL SIGNED COPY TO:

mtsocadets@manitowocountywi.gov

PARENT/GUARDIAN – EMERGENCY CONTACT INFO

Name (First, M.I., Last): _____

Date of Birth: _____

Home address: _____

City: _____

Cell phone: _____

Home phone: _____

Email: _____

Employer: _____

PARENT/GUARDIAN – EMERGENCY CONTACT INFO

Name (First, M.I., Last): _____

Date of Birth: _____

Home address: _____

City: _____

Cell phone: _____

Home phone: _____

Email: _____

Employer: _____

*** Applicants are subject to a review of police contacts/criminal history ***

----- CADET APPLICANTS DO NOT WRITE BELOW THIS LINE -----

Official Use Only – review completed: YES NO By: _____ Date: _____



MANITOWOC COUNTY
SHERIFF
PUBLIC SAFETY CADETS PROGRAM
-- LEGAL WAIVER --



The Manitowoc County Sheriff's Office began their Public Safety Cadet Post in Fall of 2021. The goal of this post is to create a premier training and learning environment for young adults age 14 – 20 to learn the inner workings of the Manitowoc County Sheriff's Office Law Enforcement and Corrections divisions, as well as working with EMS, Fire, and Public Safety Organizations.

With acceptance of the title, "Cadet", you will be accepting additional responsibilities. Cadets must recognize that the policies of our Cadet Program and the Manitowoc County Sheriff's Office are to be followed and that our values are non-negotiable. Cadets are a constant representation of our Office and community, whether participating in Sheriff's Office or Cadet Program functions at the time or not. Therefore, a Cadet is prohibited from behaviors that reflect poorly upon themselves, the Cadet Program, and the Manitowoc County Sheriff's Office.

We understand that each Cadet will be unique; possessing varying skills, abilities and interests. Cadets will not be forced to participate in any function / activity, but must acknowledge that being engaged in these opportunities will aid their progression through our program and to their personal growth.

Cadets agree that photographs of our Cadets will be used on social media sites and websites operated by the Manitowoc County Sheriff's Office, another public safety organization, as well as the Public Safety Cadet Program.

Cadets agree to contact mentors/superiors to report absences from post meetings/functions.
Cadets agree to follow requests from law enforcement officers.

Cadets agree to adhere to policies of the Public Safety Cadets Program, the Manitowoc County Sheriff's Office, and County of Manitowoc.

Cadets agree to conduct themselves, at all times, in a way that mirrors the values of the Manitowoc County Sheriff's Office and the Public Safety Cadets Program.

Cadets agree to adhere to any changes in procedure, policy, or direction from law enforcement officers.

I, _____ (Cadet name), agree to accept the responsibilities of a Cadet in the Manitowoc County Sheriff's Office Public Safety Cadet Program. I understand that this position is voluntary and without compensation. I understand that my role as a Cadet may be terminated by the Manitowoc County Sheriff's Office or the Public Safety Cadet Program, at any time, for any reason.

Sign below:

(Parent / Guardian signature needed if under 18 years old or not emancipated)

_____	(Cadet)	Date: _____
_____	(Cadet's parent/guardian)	Date: _____
_____	(Cadet Mentor)	Date: _____



PUBLIC SAFETY CADETS – AGREEMENT AND LEGAL WAIVER FORM

AGREEMENT AND LEGAL WAIVER

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Public Safety Cadets program (hereinafter "Cadets Program"). I understand that my participation in the Cadets Program is voluntary and at an "at will" status; and that the sponsoring agency/organization, acting through its Cadets Program Unit, is free to discharge me without cause and I am free to discontinue participation in the program at any time. I understand the importance of providing accurate medical information, I certify that all information provided is accurate, and I acknowledge that there are no undisclosed physical limitations that would prevent me from participating in all aspects of the Cadets Program. I understand that participation in the Cadets Program involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the Cadet Program activities. I agree that approved Mentors and program volunteers may provide transport during Cadets Program activities. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian, if listed below.

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

With appreciation of the dangers and risks associated with the Cadets Program, I hereby release, acquit and forever discharge the Public Safety Cadets, the partnering agency/organization and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which I may have against the Cadets Program, whether known or unknown, which result from, arise from, or are related in any way to my participation in the Cadets Program or any activities or events related thereto. I hereby agree to hold harmless Public Safety Cadets and the partnering agency/organization from and against any and all claims which result from, arise from, or are related in any way to my participation in the Cadets Program excluding only claims that are attributable to the gross negligence or willful misconduct of Public Safety Cadets and/or the partnering agency/organization.

Should I require emergency medical care while participating in the Cadet Program, I hereby give sponsoring agency/organization personnel my permission to use their judgment in obtaining care for me and I give permission to the medical care provider selected by the Cadet Program personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered. I understand that Public Safety Cadets or the sponsoring agency/organization is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. I warrant that I understand the content of the foregoing authorization and release. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

WAIVER FOR CONSENT FOR PHOTOGRAPHS

I do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadets Program. I also give my consent for the Public Safety Cadets and/or the partnering agency/organization, including any Division or unit therein to use my name, likeness, image, appearance, and biographical information ("Image"), in, on or in connection with any photographs, pictures, digital images, websites programs, printed materials and any and all media, whether now known or hereafter developed, throughout the world at any time, for the legitimate purposes of Public Safety Cadets. I hereby expressly waive all claims for royalties or other compensation related to any such use of my Image or related information and release Public Safety Cadets and the partnering agency/organization from any and all liability which may arise as a result of being photographed while participating in the Cadets Program, and for the subsequent use and display of the Image. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Public Safety Cadets and the sponsoring agency/organization retains the right to use the aforementioned Image for the purposes stated herein, whether or not I continue to be involved in the Cadets Program, absent my written revocation of consent.

I understand that Public Safety Cadets shall have no obligation to use the Image, and that all creative decisions regarding the use of the Image shall be at the sole discretion of Public Safety Cadet's or the sponsoring agency/organization.

By signing below, all Cadet Applicants, Parents, Guardians, Partnering Agency/Organization Unit Mentors have read, understand, and agree to all conditions listed herein.

I acknowledge and agree that this Release & Waiver is binding upon me, my heirs, assigns and legal representatives:

Cadet Signature: _____

Date: _____

Cadet Printed Name: _____

If participant is a minor child, I, as his/her parent/legal guardian, agree on his/her behalf:

Parent/Guardian Signature: _____

Date: _____

Print Name: _____