



## COLORADO SPRINGS POLICE DEPARTMENT **CADET PROGRAM**

Thank you for your interest in the Colorado Springs Police Cadet Program. The CSPD Cadet Program is designed for young men and women who live in or near the city of Colorado Springs, as a mentoring and training program for teens to become familiar with and involved in Law Enforcement; to further their knowledge and understanding of the criminal justice system through training; and to provide an insight into all phases of police work as a possible profession. The Cadet Program is a community service program; the Cadets participate in many community events throughout the year. While actively becoming a part of their community, the Cadet Program fosters a better understanding between the Police Department and the youth of our City.

### MISSION STATEMENT

The Colorado Springs Police Cadet Program strives to meet and fulfill the Colorado Springs Police Department's Mission Statement through community service and teamwork. "Our mission is to promote the quality of life in Colorado Springs by providing police services with integrity and a spirit of excellence, in partnership with our community."

## READ CAREFULLY

Enclosed you will find an application, background packet, and a medical information form. It is a normal part of the Police Department procedure to perform checks (records and reference) on the suitability of new Cadets due to the sensitivity of the information with which you will be working. Included in the background packet is an in-processing form (used for the record check and setting up an I.D. card) and two reference check forms that require your signature. If there are questions at any time during the application process do not hesitate to call the Cadet Manager's office at 444-7410 or email at [cspdcadetprogram@springsgov.com](mailto:cspdcadetprogram@springsgov.com).

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY.** If a question does not apply enter N/A in the space provided. **Falsification or failure to include information as directed will be considered grounds for disqualification or termination if already a member.** Questions requiring additional information may be placed on the back of the form. **A letter of recommendation from a professional, friend, neighbor, or an associate will aid in your acceptance into the Cadet Program.**

### CADET PROGRAM REQUIREMENTS

1. MUST be between the ages of 14 and 21. **(Must apply prior to 21<sup>st</sup> birthday)**
2. MUST have and maintain a GPA of C (2.0) or better. Must periodically provide a copy of your report card if currently enrolled.
3. MUST pass a background investigation and an oral board interview.
4. MUST be able to attend a weekly meetings with 10 excused absences annually. You will be expected to attend a cadet Academy one Saturday a week for five weeks.
5. It is understood that Cadets may have unexpected school or extracurricular commitments that arise during their time in the program and that these commitments might prohibit weekly attendance. In the event that this occurs the Cadet is expected to submit a memo requesting a temporary exception to the mandatory weekly meeting requirement.
6. MUST be willing and able to participate in special police training, community service events, post fundraising activities, and some social activities.
7. Must be at least 16 years of age to participate in the CSPD ride-along program. MUST have parent's permission to participate in the ride-along program and shown by the completion of the ride-along form. MUST maintain a good attendance record for meetings, activities and events to participate in the ride-along program. A minimum of 5 volunteer hours monthly is mandatory to participate in the ride-along program.
8. Applicants will be notified upon acceptance. All new Cadets will undergo a probation period prior to the completion of the Cadet Academy. Probationary uniform consisting of a black polo, black or navy blue slacks or uniform pants, black shoes or boots capable of maintaining a high shine and a black belt. At the end the probationary period and prior to the Academy graduation, new Cadets must have the Cadet uniform. The Cadet uniform will be issued by the CSPD and the Cadet must return ALL issued items when he/she leaves the program.

All interested persons should contact 444-7410 or mail applications to:  
Colorado Springs Police Department  
Community Relations Office  
705 S. Nevada Ave.  
Colorado Springs CO, 80903

***(Keep this page for your own records)***

(Once submitted, all applications become property of the C.S.P.D.)

Colorado Springs Police Department **Cadet Program**  
Application

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Home Phone ( ) - Cell ( ) - E-mail \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Place of birth \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_

Please state how you found out about the program \_\_\_\_\_

**SCHOOL INFORMATION**

School \_\_\_\_\_ Year \_\_\_\_\_ GPA \_\_\_\_\_  
(CURRENT OR LAST SCHOOL ATTENDED)

Counselor \_\_\_\_\_ Phone Number ( ) - \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_ Phone Number ( ) - \_\_\_\_\_  
(List business name and current supervisor)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**LIST TWO PERSONAL REFERENCES:** (OTHER THAN RELATIVES) State your relationship to them.

1. Name \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENT(S) /GUARDIAN INFORMATION**

Which parent/guardian do you live with? Mother Father Both Guardian

Mother's Name \_\_\_\_\_ Day Time Phone ( ) - \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Time Phone ( ) - \_\_\_\_\_

Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Day Time Phone ( ) - \_\_\_\_\_

Address \_\_\_\_\_

The information in this packet is accurate to the best of my knowledge \_\_\_\_\_  
(Applicant's signature)

(Parent's/guardian's signature required if under 18 years of age) \_\_\_\_\_

**(IF UNDER 18 PROVIDE A LETTER FROM YOUR PARENT(S)/GUARDIAN STATING HOW THEY WILL BACK AND SUPPORT YOU IN THIS PROGRAM)**

**CSPD CADET PROGRAM**  
BACKGROUND INFORMATION  
PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_

Do you possess a valid Driver's License?      Yes      No      **(if yes the following must be completed.)**

State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license ever been suspended or revoked?      Yes      No

If yes, give date: \_\_\_\_\_ Reason: \_\_\_\_\_

Do you own a vehicle?      Yes      No      Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle License Number \_\_\_\_\_

List all traffic tickets you have received (use back of page if necessary)

Month/Year: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Charge: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_ Disposition: \_\_\_\_\_

As a driver, have you ever been involved in a traffic accident?      Yes      No

If yes, give all dates and locations

Have you ever been suspended or expelled from school?      Yes      No      If yes, explain:

Have you ever been convicted of a crime or accepted a plea bargain or had charges dropped?      Yes      No

If yes, please complete the following (list juvenile as well as adult records) - list any additional information on the back or separate sheet.

Month/Year: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Charge: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_ Disposition: \_\_\_\_\_

## GENERAL INFORMATION

If you are under the age of 18, do you use tobacco?      Yes      No      If yes, explain:

If you are under the age of 21, do you consume alcoholic beverages or drugs?      Yes      No      If yes, explain:

Why do you want to become a Cadet Explorer?

If accepted for this program what will be your goals?

**Considering other obligations and your available transportation, are you willing and able to attend the monthly meetings on the second and fourth Tuesday of every month at 6:30PM?**      Yes      No

**Are you willing and able to attend a Cadet Academy which is one day a week for twelve weeks, approximately three hours each night?**      Yes      No

Are you willing and able to participate in monthly community service projects?      Yes      No

List any community service organizations, social, school or other groups that you are now a part of or have been a member of:

List any courses or training you feel would have an effect on your participation in the Explorer Program:

The information in this packet is complete and accurate to the best of my knowledge \_\_\_\_\_  
(Applicant's signature)

This information has been reviewed and verified by \_\_\_\_\_  
(Parent's/Guardian's signature required if under 18 yrs. of age)

## Background Check Release

I, (your name) \_\_\_\_\_, Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ do hereby authorize the City of Colorado Springs Police Department designee, and or Cadet Program Advisor to have access to any records your agency may have concerning me.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Parent's/ Guardian's signature if applicant is under 18)

Colorado Springs Police Department Cadet Program  
705 S. Nevada Ave  
Colorado Springs, CO 80903 Phone: 719-444-7410



**\*\* Participation Liability Waiver and Indemnification Agreement for applicants under 18 \*\***

Name of Participant: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Statement of Parent or Guardian:**

In consideration of the benefits to my (son/daughter/ward) from his/her participation in the Colorado Springs Police Department Cadet Program. I, \_\_\_\_\_ as a parent /guardian of the applicant who is under the age of 18 years old consent to the participation of the applicant /cadet in such program. It is hereby agreed that I am a party to this Participation Liability Waiver and Indemnification Agreement and that said Agreement is binding upon me, said child, and any and all of our legal heirs and successors of whatever kind. I do hereby for myself, my child, my heirs, executors and administrators remise, release, and forever discharge the Colorado Springs Police Department, the City of Colorado Springs, all Cadet leaders, all directors, officers, employees, agents, volunteers of each of the foregoing, acting officially or otherwise, from any and all claims, demands, action, or accuses of action on account of the death or on account of any injury to the applicant /cadet which may occur by reason of the activity to include physical activity/training/ride-alongs/firearms training/firearms handling/firearms shooting and while serving as a role player for police department training activities.

I further agree to fully indemnify, defend, and hold harmless the City of Colorado Springs, the Colorado Springs Police Department, and any and all of their officers, agents, or employees, from and against any and all loss, damage, injuries, claims, cause or causes of action, or any liability resulting from, arising out of, or in connection with my child's negligence at any time during such program.

I hereby allow the Colorado Springs Police Department to use any and all still photography and video of my child taken during such program in future activities of the Colorado Springs Police Department.

I hereby certify the applicant/cadet is my (son/daughter/ward) and to the best of my knowledge and belief, he/she is free of all contagious disease and is in sound health.

In case of accident, injury or illness occurring while the applicant/cadet is engaged in any Cadet Program activity, Permission is hereby granted to treat and/or seek treatment for the applicant/cadet as required.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: ( ) - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

I acknowledge that I have read this Participation Liability Waiver and Indemnification Agreement and understand the terms set forth in the Participation Liability Waiver and Indemnification Agreement. I warrant that I am legally competent to execute this document.

\_\_\_\_\_  
(Signature of Parent/Guardian of Cadet)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Notary Public)  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
(Date)

Colorado Springs Police Department Cadet Program  
705 S. Nevada Ave  
Colorado Springs, CO 80903 Phone: 719-444-7410



**\*\* Participation Liability Waiver and Indemnification Agreement for Applicants 18 and Older \*\***

Name of Participant: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Statement of Applicant:**

In consideration of the benefits to me from my participation in the Colorado Springs Police Department Cadet Program, I, \_\_\_\_\_ as an applicant/cadet who is over the age of 18 years old consent to the participation in such program. I do hereby for myself, my heirs, executors and administrators remise, release, and forever discharge the Colorado Springs Police Department, the City of Colorado Springs, all Cadet leaders, all directors, officers, employees, agents, volunteers of each of the foregoing, acting officially or otherwise, from any and all claims, demands, action, or accuses of action on account of the death or on account of any injury to the applicant /cadet which may occur by reason of the activity to include physical activity/training/ride-alongs/firearms training/firearms handling/firearms shooting and while serving as a role player for police department training activities.

I further agree to fully indemnify, defend, and hold harmless the City of Colorado Springs, the Colorado Springs Police Department, and any and all of their officers, agents, or employees, from and against any and all loss, damage, injuries, claims, cause or causes of action, or any liability resulting from, arising out of, or in connection with my negligence at any time during such program.

I hereby allow the Colorado Springs Police Department to use any and all still photography and video of my person taken during such program in future activities of the Colorado Springs Police Department.

I hereby certify that to the best of my knowledge and belief, I am free of all contagious disease and is in sound health.

In case of accident, injury or illness occurring while I am engaged in any Cadet Program activity, I hereby grant permission to treat and/or seek treatment as required.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_ ( ) - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

I acknowledge that I have read this Participation Liability Waiver and Indemnification Agreement and understand the terms set forth in the Participation Liability Waiver and Indemnification Agreement. I warrant that I am legally competent to execute this document.

\_\_\_\_\_  
(Signature of Cadet over 18 years old)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Date)

My Commission Expires: \_\_\_\_\_

**CSPD CADET PROGRAM**  
**HEALTH HISTORY INFORMATION**

Are you allergic to any medications?    Yes    No    If yes, list and explain:

Do you have any illness or condition that may prevent you from taking part in Explorer Activities?    Yes    No

If yes, list and explain:

Are you taking any medications on a regular basis?    Yes    No    If yes, list and explain:

Do you wear glasses/contact lenses?    Yes    No    Vision without correction: \_\_\_\_\_

Do you have any hearing impairments?    Yes    No    If yes, explain:

Have you ever been diagnosed with a mental or nervous disorder?    Yes    No    If yes, list and explain:

Do you have or have you ever had the following:

Asthma

Convulsions

Diabetes

Bleeding Disorders

Fainting Spells

Any conditions that may require special care,  
medication, or diet

Heart Trouble

If yes to any of the above explain:

List any restriction of activity for medical reasons:

If the applicant or parent refuses to complete the health information please sign on the line below. CSPD in not held liable for any information not disclosed.

Refused to provide information \_\_\_\_\_  
(Applicant's signature or signature of parent's/guardian's if under 18 years of age)

**Thank you for your application**



# Colorado Springs Police Department

## Employee / Volunteer In-Processing Form

Employee and volunteer applicants must complete the information in Section "A" below (please print legibly). For employees please interoffice the completed form to CSPD Human Resources Section at Mail Code 1565. For volunteers please interoffice the completed form to the Volunteer office at Mail Code 1565.

SECTION A – Employee/Volunteer Information				SECTION B – Action Requested			
Full Name				<input type="checkbox"/> EIC Update	<input type="checkbox"/> ID Card Issuance		
Nicknames or Maiden Name				<input type="checkbox"/> Network Access	<input checked="" type="checkbox"/> IBM Issuance- #: _____		
Home Address				<input type="checkbox"/> POC Parking	<input type="checkbox"/> Access Card #: _____		
City, State, ZIP				SECTION C – Requestor Information			
Mailing Address				Name	Jessica Kuhn		
City, State Zip				Division/Unit	Professional Standards/Community Relations		
Home Phone ( ) -				IBM	005110		
Cell Phone ( )				Phone Number	719/444-7779		
Date of Birth / /				SECTION D – Records Section Use Only			
Place of Birth				Wants & Warrants Check			
Soc Sec Number				CCIC/NCIC	<input type="checkbox"/> YES <input type="checkbox"/> NO	Local	<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License Number	State			Records Check			
Sex	Race			Reason For Records Check	<input type="checkbox"/> Criminal <input type="checkbox"/> Pre-Employment		
Height	Weight			CJIS Criminal Record	<input type="checkbox"/> YES <input type="checkbox"/> NO	CJIS Traffic Record	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eye Color	Hair Color			NCIC/CCIC Criminal History	<input type="checkbox"/> YES <input type="checkbox"/> NO	CO Traffic Record	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rank/Title/ Position	CSPD Cadet			Terminal Operator Name			IBM
Unit/Division Assignment	Community Relations / Professional Standards			Fingerprinted for OSN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date	
Classification	<input type="checkbox"/> Sworn <input type="checkbox"/> Civilian <input type="checkbox"/> Recruit			Fingerprinted By			
	<input checked="" type="checkbox"/> Volunteer(Unit): _____			Polygraph Examination	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date	
<b>IMPORTANT NOTICE</b>							
This form is intended for the in-processing of CSPD employees and volunteers and is not intended for use by outside contractors and vendors.							
SECTION E – Notes & Observations							
INTERNAL USE ONLY							
Processed By				System Entry	<input type="checkbox"/> PeopleSoft <input type="checkbox"/> EIC <input type="checkbox"/> CJIS		
Process Date					<input type="checkbox"/> WebID <input type="checkbox"/> Other: _____		
Issued By			Approved By			Date	