

APPLICATION PACKET

Forms Included in this Packet:

- **A few things you should know about the Phoenix Police Cadets.**
- **Applicant Admissions Process**
- **Mandatory Documents**
- **Acceptable Forms of Identification**
- **Cadet Questionnaire – Application**
- **Cadet Background Application Waiver**
- **City of Phoenix – Waiver and Release of all Claims**
- **Release of Personal Image**
- **Cadet Uniform Size**
- **Entrance Exam Study Guide**
- **Cadet Uniforms Agreement**
- **Medical Packet Highlights**
- **Medical Packet (PART C - DR. Physical not required till start date)**

Any questions contact
Officer J. Brooks 602-262-6177
Jamie.Brooks@Phoenix.Gov



A few things you should know about the Phoenix Police Cadet Program prior to joining:

You must meet all of the requirements to join the Cadet Program prior to applying, such as; school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Cadet Program, you will be expected to maintain these standards throughout your stay in the Cadet Program. If you do not maintain these standards, you could be removed from the program.

If accepted into the Cadet Program, you will be required to maintain grooming standards on hair length and appearance, facial hair and general appearance. These standards are to be met by the next Cadet meeting or activity after you are accepted. These standards will also be maintained throughout your stay in the Cadet Program or you could be removed.

ANY occurrence of dishonesty and/or deception is grounds for immediate termination from the Cadet Program.

If accepted into the Cadet Program, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to memos, push-ups or other physical challenges. You must be willing to accept and perform the assigned discipline when asked.

The Phoenix Police Cadet Program maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to. Therefore, if you do not feel that you are capable of following these simple rules and requirements, we suggest that you reconsider applying for this program.

If you do feel that you can follow these rules and requirements, we invite and welcome your application to become a Phoenix Police Cadet.

Phoenix Police Cadet Program Applicant Admissions Process

Please refer to this as you complete your application if you wish to proceed.

Requirements are in place for all applicants:

1. Applicant Orientation Online:
 - The Cadet program and requirements are outlined in Applicant Orientation.
 - An information packet with application and forms are distributed for completion.
 - An Entrance Exam Study Guide will be provided when interview is scheduled.

2. Application and Entrance Exam:
 - Applicant testing date will be individually scheduled.
 - You must bring **all** completed paperwork and required documents to testing.
 - Any fees will be due at the first New Recruit Mandatory Meeting after they have been accepted to the program.

SEE “MANDATORY REQUIREMENTS” included in packet.

If selected, applicants will be notified that they have been accepted as a Probationary Recruit.

Probationary Recruits must attend the New Recruit Mandatory Meeting. Recruit and their parent and/or guardian must attend. Any required fees will be collected at the meeting.

Entrance and acceptance into the program is not guaranteed and is based on a combination of factors: application, testing, recommendations, fingerprint and background screen and interview.

Phoenix Police Cadet Program

MANDATORY DOCUMENTS FOR TESTING NIGHT

You will NOT be allowed to take the Entrance Exam unless all forms listed below are complete and all requested documentation is provided:

PROGRAM QUESTIONNAIRE - APPLICATION

- a. Must be LEGIBLE AND COMPLETE - if any information is not applicable, enter N/A.
- b. Personal References Required - Family **cannot** be used as a reference.
 - i. Sources - Teachers, Neighbors, Supervisors, City/State Employees, Coaches, etc.
- c. If applicant is over 18, they must sign as applicant.
- d. If applicant is under 18 a Parent/Guardian must sign as parent of applicant.

MEDICAL PACKET

- a. Must be LEGIBLE AND COMPLETE - if any information is not applicable, enter N/A.
- b. PART C - Physician exam required before start date.

WAIVER AND RELEASE OF ALL CLAIMS

- a. If applicant is over 18, they must sign as applicant.
- b. If applicant is under 18 a Parent/Guardian must sign as parent of applicant.

RELEASE OF PERSONAL IMAGE

- a. Applicants name must be entered at top of form.
- b. If applicant is over 18, they must sign as releasee.
- c. If applicant is under 18 a Parent/Guardian must sign the bottom.

UNIFORM SIZE FORM

UNIFORM AGREEMENT FORM

CADET BACKGROUND APPLICATION WAIVER

TWO FORMS OF IDENTIFICATION – one must contain your Photograph

- a. Original ID's will be examined, copied, and returned **immediately**.

REPORT CARDS /GRADES

- a. Bring your **TWO** most recent report cards (**No exceptions will be made.**)
 - i. YOU MUST MAINTAIN A 2.0 CUMULATIVE OR "C" AVERAGE.

ACCEPTABLE FORMS OF IDENTIFICATION

ANY **TWO** FORMS OF THE LISTED IDENTIFICATIONS ARE ACCEPTABLE.

ONE OF THE IDENTIFICATIONS MUST CONTAIN A **PHOTOGRAPH**

- Driver's license that contains a photograph, physical description and address.
- Social Security Card
- ID card issued by Federal, State or Local Government agencies or entities, that contains a photograph, physical description and address
- School ID card with a photograph
- Voter's registration card
- Birth certificate
- U.S. Passport (Unexpired or Expired)
- Permanent resident card or alien registration receipt card (FORM I-551)

PLEASE REMEMBER TO BRING THE ORIGINAL DOCUMENTS WITH YOU WHEN RETURNING YOUR COMPLETED PAPERWORK. THE IDENTIFICATION WILL BE EXAMINED AND COPIED. THE ORIGINALS WILL BE RETURNED TO YOU.

Phoenix Police Cadet Program

QUESTIONNAIRE



Thank you for your interest in becoming a member of the Phoenix Police Department's Cadet Program. We believe that this will be the start of a truly rewarding experience for you. To assist us in processing your application, we ask that you complete the following questionnaire.

Supply all requested information and answer all questions to the best of your ability.

Use N/A for questions that do not apply to you.

Answer all questions truthfully. **REMEMBER** - *police work is based upon honesty and integrity.*

Use the reverse side of this packet if additional space is needed. Please indicate when answering if the backside is being used.

Print all answers clearly and legibly in black ink only.

PERSONAL INFORMATION							
Last:	First:	Middle	DOB:			Social Security Number:	
Address:				Apartment #:			
City:		State:		Zip:			
Home Phone:		Work Phone:		Message/Cell/Pager Number:			
Height:	Weight:	Eyes:	Hair:	White	Hispanic	Asian	Male Female
				Black	Native American	Other	
Do you own a car?		Year / Make / model:		Email Address:			
Drivers license / State ID #:		State:		Expiration:			

Phoenix Police Cadet Program

QUESTIONNAIRE

EDUCATION		
Grammar / Middle School Attended:		
Address:		
City:	State:	Zip:
Highest Grade Completed:	Graduate: Yes: _____ No: _____	

High School Attended / Attending:		
Address:		
City:	State:	Zip:
Highest Grade Completed:	Grade Average:	Year Graduated:
Counselor's Name:	Principal's Name:	
Counselor's Email:	Principal's Email:	
School Resource Officer's Name:	DARE or GREAT Officer's Name (If Applicable):	

EMPLOYER INFORMATION		
Employer Name:		
Employer Address:		
City:	State:	Zip:
Supervisor's Name:	Supervisor's Email:	Phone Number:
Job Title:	Hours worked per week:	Dates worked: From _____ to _____
Job Duties:		
May we contact your employer?		
Yes: _____ No: _____		

Phoenix Police Cadet Program

QUESTIONNAIRE

PERSONAL INFORMATION			
Father's Name:		Work Phone Number:	
Address:		Apartment #:	
City:	State:	Zip:	
Home Phone:		Message/Cell/Pager Number:	
Occupation:		Email:	
Mother's Name:		Work Phone Number:	
Address:		Apartment #:	
City:	State:	Zip:	
Home Phone:		Message/Cell/Pager Number:	
Occupation:		Email:	

PERSONAL REFERENCES			
Name:		Work Phone Number:	
Address:		Apartment #:	Email:
City:	State:	Zip:	
Home Phone:		Message/Cell/Pager Number:	
Relationship:		How long known?	

PERSONAL REFERENCES CONTINUED			
Name:		Work Phone Number:	
Address:		Apartment #:	Email:
City:	State:	Zip:	
Home Phone:		Message/Cell/Pager Number:	
Relationship:		How long known?:	

PERSONAL REFERENCES CONTINUED			
Name:		Phone Number:	
Address:		Apartment #:	Email:
City:	State:	Zip:	
Home Phone:		Message/Cell/Pager Number:	
Relationship:		How long known?	

Phoenix Police Cadet Program

QUESTIONNAIRE

GENERAL INFORMATION QUESTIONS	
1.	Have you ever used any other name(s)? If yes, list names: _____
2.	Have you ever been arrested? Yes: _____ No: _____ If yes, explain in detail (use back if necessary): _____ _____
3.	Have you ever been charged with a crime? Yes: _____ No: _____ If yes, what were you charged with? When and where? _____ _____
4.	If you answered "yes" to question #3; were you convicted, or is the case still pending? _____
5.	If you were convicted, what was the sentence (community service, fine, jail probation etc.) and have you completed the judge's orders? Yes: _____ No: _____
6.	List <u>all</u> traffic citations you have received. List dates, locations and outcome of the citations: _____ _____ _____ _____
7.	Have you ever been questioned by the police for any reason other than what is listed above? Yes: _____ No: _____ If "yes," please explain in detail when and what for: _____ _____ _____
8.	Have you <u>ever</u> tried any non-prescribed narcotic drugs? Narcotics include but are not limited to: speed, heroin, PCP, cocaine, crack, crystal meth, barbiturates (depressants), LSD (acid), or steroids. Yes: _____ No: _____

Phoenix Police Cadet Program

QUESTIONNAIRE

GENERAL INFORMATION QUESTIONS CONTINUED	
9.	Have you <u>ever</u> tried marijuana? Yes: _____ No: _____ If "yes" how many times and when was the most recent? _____ _____
10.	Have you <u>ever</u> tried any alcoholic beverage? Yes: _____ No: _____ If "yes" how many times and when was the most recent? _____ _____
11.	Have you <u>ever</u> used any prescription drug not specifically prescribed for you?? Yes: _____ No: _____ If "yes" how many times and when was the most recent? _____ _____
12.	Do you smoke cigarettes or use any other form of tobacco? Yes: _____ No: _____
13.	How did you find out about the Cadet Program? _____ _____
14.	Would anyone in your family object to becoming a police cadet? Yes: _____ No: _____ If so, why? _____ _____
15.	Would you have any problems from friends or neighbors if they saw you in uniform? Yes: _____ No: _____ If so, why? _____ _____
16.	Will you be able to consistently attend the Tuesday meetings? Yes: _____ No: _____

Phoenix Police Cadet Program

QUESTIONNAIRE

GENERAL INFORMATION QUESTIONS CONTINUED

26.	Have you ever been a manager, supervisor, or assistant manager or supervisor? Yes: _____ No: _____ If "yes," where and what were your responsibilities? _____ _____
27.	What benefits do you have to get from this Cadet Program? _____ _____ _____ _____ _____

Phoenix Police Cadet Program

QUESTIONNAIRE

Do you have **any** knowledge or information, in addition to that specifically required in this questionnaire, which is or may be important, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes but is not limited to: character traits, temperament, habits, employment, education, illegal activities, family associations, undetected criminal offenses, traffic violations or residence?

Yes No

If yes, provide a full explanation: _____

REMEMBER: Police work is based upon honesty and integrity. If there is *anything* else you wish to disclose about personal information, please do so on the back of this sheet.

(Read this questionnaire and your answers before signing)

I, (print name) _____ hereby acknowledge that all statements and answers I have given in this questionnaire are true and accurate to the best of my knowledge. I further understand that **any** falsification of information will be grounds for dismissal or rejection of my application.

I also understand that by signing this document I am giving the Phoenix Police Officers of this program permission to Access my public private internet accounts or social networks containing my personal profile. (i.e. "Instagram; Snapchat, Facebook, etc.")

Applicant Signature

Date

Parent Signature

Date

(If under 18 years old)

Thank you for taking the time to complete this questionnaire. We will process you as quickly as possible. It may take two to three weeks for processing, so please be patient. Again, thank you for your time.



CADET BACKGROUND APPLICATION WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION AND CERTIFICATION

I _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations, all civilian and government entities, military agencies, law enforcement agencies, private, city, county, state, and federal entities to release, furnish, and exchange any and all available information relating to me for the purposes of determining my suitability to be a Cadet with the City of Phoenix Police Department. This includes, but is not limited to, all information related to my employment, performance in school, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for this program.

This authorizes release to the **PHOENIX POLICE DEPARTMENT. I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

I authorize the Phoenix Police Department to make inquiry to my present and past educational facilities as well as employers regarding my character, integrity, and reputation.

Signature of parent if applicant is **under the age of 18**: _____

Date: _____

Signature of applicant if **over the age of 18**: _____

Date: _____

CITY OF PHOENIX – WAIVER AND RELEASE OF ALL CLAIMS

Name Activity Here: PHOENIX POLICE CADET PROGRAM

Includes Motor Vehicle Transportation

Please Read Carefully

In exchange for me or my child being allowed to participate in the above listed activity, I hereby for myself, my child, my heirs assign and agree to waive, release, and forever discharge any and all claims, rights and causes of action caused or alleged to be caused in whole or in part by the negligence of the City. I understand that this means that I will not make any claims against or sue the City of Phoenix, its agents or employees, for inquiries or damage sustained by me or my child. I recognize that this means I will not recover any money from the City of Phoenix, its agents or employees, for inquiries or damage sustained by me or my child.

I recognize that the negligence of the City of Phoenix may include, but is not limited to, acts or failure to act facilities and equipment maintenance, field design, construction, instructions of City personnel, interpretation and enforcement of rules, provision of medical or emergency medical assistance, inattention, and supervision of participants and their surrounding environment.

I recognize that injuries and damage may be caused by and of the following: tripping, being pushed; running; sliding; exposure to bodily fluids, infection or disease; bodily reactions to insect or animal bites, food or materials used in the activity; striking or being struck by another individual; equipment used in the activity; a condition of the land or building where the activity is located; drowning; criminal acts of known or unknown persons; an error in administering first aid; or by a motor vehicle accident; and other similar acts, incidents or conditions.

The type of injuries may range from minor injuries and fractures to paralysis, brain damage and death.

I understand and expressly agree that this waiver and release of all claims is intended to be as broad and inclusive as permitted by the laws of Arizona. If any portion of this waiver is held invalid, I agree that the remainder shall continue in full force and effect.

Also, and in addition to the above waiver and release, I understand and voluntarily assume all risks associated with my child's or my own participation in this activity. I (or my child) am physically capable of participating in this activity. I (or my child) have the necessary degree of skill, training, experience or ability to participate at the level I choose. I do not expect the City to coach, manage, instruct me or train me (or my child). I understand that the City does not carry insurance to cover participants, and that there would be an increase in the activity fee if the City were to provide insurance.

I state that I have carefully read and fully understand the meaning of this waiver and release of all claims, and that I have voluntarily signed below.

Print/Type Participant Name

Today's Date

Participants Address

Participant's Signature

TO BE COMPLETED IF PARTICIPANT IS UNDER THE AGE OF EIGHTEEN (18) YEARS:

I am the parent, legal guardian or custodian or the child identified above. I understand and agree to the above waiver and release of all claims, and agree to be bound by its terms, for myself and on behalf of the child named below, and out heirs and assigns.

Child's Date of Birth

Today's Date

Print/Type Parent/Guardian Name

Parent/ Guardian's Signature



RELEASE OF PERSONAL IMAGE

I, _____(the "Releasee"), hereby irrevocably grants to The City of Phoenix, The Phoenix Police Department, and those acting under its permission or upon its authority, full and exclusive permission to copyright, use and publish for any and all commercial and non-commercial purposes whatsoever all photographic and video images of myself (collectively the "Image"). Including, but not limited to VHS, DVD, CD, website and any and all other sources of media, known and developed in the future, which the City deems reasonable for the promotion of the product (collectively referred to herein as "Uses"), throughout the world for an unlimited period.

The Release acknowledges and agrees that all Uses and reproductions of the Image by the City in form of media whatsoever, shall be and remain the sole property of the City. The Releasee further certifies possession of full legal capacity to execute the forgoing authorization and release. This Release shall be binding on the Releasee's heirs and executors.

Dated this _____ day of _____, 20_____, by

_____ **(Printed Name of Releasee)**

_____ **(Signature of Releasee)**

Address: _____

(Signature of Parent/Guardian if Minor)

UNIFORM SIZE FORM

Name: _____

Recruit Applicants: If selected as a Recruit in the Phoenix Police Cadet Program, you will receive a uniform at your first meeting. To help us prepare, please provide the following information.

Circle T-shirt size (Please use MEN'S sizes): XS S M L XL 2XL

Pant size (USE Men's sizes - i.e. 32"): _____ Pant inseam (length): _____ inches.

Shoe size: MEN'S: _____ WOMEN'S: _____

Jacket size (Please use MEN'S sizes): _____

Current height: _____ ' _____ "

Current weight: _____ lbs.

STAFF USE ONLY!

Class A (CADET ONLY):

Long Sleeve Shirt (Dress): Received Date: _____ Return Date: _____

Pant (Dress): Received Date: _____ Return Date: _____

Tie Clasp: Received Date: _____ Return Date: _____

Tie: Received Date: _____ Return Date: _____

Class C Blue:

Polo (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

Class D Gray:

T-Shirt (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

BDU (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

BOOTS (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

Ball Cap (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

Belt (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

PC / OTHER:

Black Long Shirt (Cadet 1 /Recruit 1): Received Date: _____ Return Date: _____

Shorts (Cadet 1/ Recruit 1): Received Date: _____ Return Date: _____

Sweat Pant (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

Jacket (Cadet 1/Recruit 1): Received Date: _____ Return Date: _____

Duffle Bag (Cadet 1/ Recruit 1) Received Date: _____ Return Date: _____

PHOENIX POLICE DEPARTMENT CADET PROGRAM

ENTRANCE EXAM STUDY GUIDE

The Police Cadet Program is a career exploration program designed to acquaint young adults with Law Enforcement. The Cadet Program instills leadership skills, sound values, morals, and provides law enforcement training, experience, and endless opportunities.

Police Cadets **are not** sworn Police Officers and will not be referred to as Police Officers or act in such capacity. Cadets are civilians who assist Police Officers in their duties on a voluntary basis. All Cadets and Recruits are required to complete **8 hours** of community service each month to remain in the program. Cadets and Recruits must also maintain a combined **grade point average of "C" (2.0)** or better in school. A copy of their report card must be turned in each semester. If a Recruit's or Cadet's grade average drops below a "C", they will be placed on **Academic Probation**.

All new Recruits will be issued a Recruit Uniform and are required to wear it to all meetings and Details. The uniform consists of **Boots, BDU's (Pants)** and a **Ironed Recruit T-Shirt**. When a Recruit or Cadet is in uniform, they must wear a **watch** and carry **2 black medium point pens** and **"36" note cards or index cards**.

The Cadet Program structure includes a Command Staff, Cadets and Recruits. The Chain of Command in descending order is: Chief, Assistant Chief, Commander, Lieutenant, Sergeant, Cadet and Recruit. **Cadets will always follow the chain of command in ascending order including written, verbal and telephonic communications.** As a Recruit or Cadet, if you have questions or concerns, you should contact your **Sergeant** first for assistance.

Our Cadets work very closely with Officers and civilian employees of the Phoenix Police Department. Cadets also work with Cadets from other law enforcement agencies.

This study guide will acquaint you with the different divisions and functions of the Phoenix Police Department. The Phoenix Police Department is divided into several different divisions and bureaus. The Cadet Program falls under the **Community Engagement Bureau**.

Continued on back

The Patrol Division is divided into North and South zones. Each precinct within the zones has a specific 3-digit identifier.

The North zone has the following precincts:

The **Black Mountain Precinct (200)** is located at 33355 N. Cave Creek Road.

The **Desert Horizon Precinct (600)** is located at 16030 N. 56th Street.

The **Cactus Park Precinct (900)** is located at 12220 N. 39th Avenue.

The South zone has the following precincts:

The **Estrella Precinct (300)** is located at 2111 S 99th Avenue.

The **South Mountain Precinct (400)** is located at 400 W. Southern Avenue.

The **Central City Precinct (500)** is located at 1902 S. 16th Street.

The **Mountain View Precinct (700)** is located at 2075 E. Maryland Avenue.

The **Maryvale Precinct (800)** is located at 6180 W. Encanto Blvd.

Police Communications Bureau receives, processes, prioritizes, and dispatches all calls for service received by the Department. All 911 calls are received and handled by The Communications Bureau. The **Property Management Bureau** stores all items impounded as evidence by Officers and Detectives. The Property Management Bureau also maintains supplies for the Police Department such as weapons, duty equipment, and vehicles. The **Violent Crimes Bureau** is responsible for the initial investigation of serious crimes such as homicides and follow-up investigations on other crimes such as assaults, robbery and gangs.

There are three main telephone numbers that citizens may use to contact the Police Department when they need assistance. For all life threatening emergencies, or crimes in progress, **911** should be used. 911 should only be used if the situation requires the immediate response of a Police Officer, the Fire Department, or Emergency Medical Personnel.

Non-emergency situations should be reported to **Crime Stop at 602-262-6151**. This number can be used for any non-emergency complaint. To obtain information regarding the Department or other resources contact the Information Desk at 602-262-7626.

The Cadet Program has an online signup roster that should be checked regularly by **all** Cadets and Recruits. To check for any new or updated information regarding meetings or details, log into the **Sign-Up-Genius (SUG) website**.

You will be tested on this information. It is important that you read and understand it.



CADET UNIFORM AGREEMENT

AGREEMENT FOR USE OF CADET UNIFORMS

I _____, **DO HEREBY AGREE** any uniforms issued to me by the Phoenix Police Cadet staff are to be worn properly and presentable according to my General Orders and used with utmost respect to the City of Phoenix Police Department and all police officers. This includes, but is not limited to, all Cadet community service events and training, business or personal photographs, any personal or business social media site, and in any part of my personal life. **I AGREE** to maintain the serviceability of my uniforms at all times with the proper use of laundry or dry cleaning methods. **I AGREE** to notify my chain of command and/or a Cadet Advisor of any lost or damaged uniforms which will be followed up by a written memorandum by me explaining the incident.

I DO HEREBY UNDERSTAND all uniforms issued to me are property of the Phoenix Police Department Cadet program and I may be charged criminally by the **PHOENIX POLICE DEPARTMENT** for any and all uniforms I do not return at the time of my separation from the program or when asked to do so by a Cadet Advisor or an authorized Phoenix Police Department employee. **I UNDERSTAND** a Phoenix Police report may be generated requesting criminal charges if I do not return the uniforms in a reasonable amount of time when asked to do so, when I am placed on suspension, or when I resign from the program. **I AGREE** that I may have to pay the purchase cost for any lost or damaged uniform items I have signed for.

Signature of **PARENT** if applicant is **under the age of 18**: _____

Date: _____

Signature of applicant if **OVER the age of 18**: _____

Date: _____

Medical Packet Highlights to be reviewed at Orientation

- Part A: Make sure to check all appropriate boxes!
 - i.e. “Without restrictions” or “With special considerations or restrictions
 - Check “yes” or “no” or Talent Release Agreement
- Part B: Fill out ALL information
 - Provide a COPY of your insurance card!
 - If you don’t have insurance, write “NONE”
- Part B: Health History
 - Please check ALL boxes, “Yes” or “No”
- Part B (Second page)
 - Underneath “Allergies/Medications” is a section to check “Yes” or “No” “Non-prescription medication administration is authorized with these exceptions:”
 - By checking “**YES**”, you agree to **allow us to give your child** who is under the age of 18, **over-the-counter medications such as Tylenol, Advil, Benadryl, Pepto-Bismol, antibiotic cream, etc...**
 - **Please sign your name under the checked box!**
- Part B (Second page)
 - Immunizations (This means vaccinations/shots.)
 - Please provide a COPY of the Immunization Record!!!!!!
 - If you had the immunization/shot, please check the “Yes” box and write the year received.

Paquete Medico de Informacion, Puntos Destacados para ser revisado en Orientacion

- Parte A: Asegurese de marcar todas las Casillas.
 - i.e. “Sin restricciones” o “con restricciones”.
 - Marque “Si” o “No” o Contrato de Exoneracion de Talento.
- Parte B: Completar toda la informacion.
 - Entregue una copia de su tarjeta de seguro!
 - Si no tiene tarjeta de seguro, escriba ”NONE”
- Parte B: Historial Medico
 - Por favor marque todas las Casillas “Si” o “No”
- Parte B: (Segunda pagina)
 - Bajo “Alergias y Medicamentos” hay una section para marcar “Si” o “No”. “Administracion de Medicamentos de venta libre es autorizada con estas excepciones”.
 - Marcando “Si”, Usted acepta a que su hijo/a menor de 18 anos reciba medicamentos de venta libre (como Tylenol, advil, Benadryl, Pepto-Bismol, crema de antibiotico, etc).
 - Por favor firme su nombre en la casilla marcada.
- Parte B: (Segunda Pagina)
 - Immunizaciones (vacunas)
 - Por favor entregue una copia de sus vacunas!!!!!!
 - Si Usted recibio sus vacunas, marque “Si” en la casilla y escriba el ano en que las recibio



CADET Annual Health and Medical Record

Policy on Use of the Cadet Annual Health and Medical Record.

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, Phoenix Police Cadet Program (PPDCP) recommends that everyone who participates in an event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this form will help ensure you meet the minimum standards for participation in various activities. Note that adult leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all PPDCP events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the post/club/group more than 30 minutes away from an emergency vehicle or an accessible roadway, or to remote areas.

Risk Factors

Based on the vast experience of the medical community, PPDCP has identified that the following risk factors may define your participation in various outdoor activities.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but PPDCP does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in PPDCP involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release PPDCP, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with PPDCP volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Phoenix Police Cadet Program (PPDCP).

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions

With special considerations or restrictions (list) _____

Talent Release Agreement

I hereby assign and grant to PPDCP the right and permission to use and publish the photographs/film/videtapes/electronic representations and/or sound recordings made of me or my child by PPDCP, and I hereby release PPDCP from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videtapes/electronic representations and/or sound recordings without limitation at the discretion of PPDCP, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name: _____ Date: _____

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, CA)

Part B: General Information/Health History

Full name: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Mobile phone: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date :
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date :
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date :
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date :
		List any other medical conditions not covered above	

Part B: General Information/Health History

Full name: _____

DOB: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

! Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. **!**

Immunization

The following immunizations are recommended by Learning for Life. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for program or special activity.

Reviewed by : _____

Date : _____

Further approval required : Yes No

Reason : _____

Approved by : _____

Date : _____

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____



You are being asked to certify that this individual has no contraindication for participation in a Phoenix Police Cadet Program (PPDCP) event.



Examiner: Please fill in the following information:

		Yes	No	Explain	
Medical restrictions to participate					

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Phoenix Police Cadet Program (PPDCP) event. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned program or special activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295