



Fairfax County Police Public Safety Cadets

Application for Membership



By submitting this application for membership, you affirm and agree that the information provided below is true and accurate. Any information found to be false, or misleading will automatically disqualify you from becoming a member of the Fairfax County Public Safety Cadet Program and may negatively affect any future employment with our agency.

You will be required to attend regularly scheduled meetings while in the Public Safety Cadet Program; failure to do so may result in you not graduating the program.

Section 1: Personal Information			
	Last	First	Middle
Name			
Date of Birth Month/Day/Year		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Race/Ethnicity (Check all that apply)	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		
Address	Street:		
	APT:		
	City:	State:	ZIP:
Telephone	Home:	Cell: Carrier:	Work:
Email			
Driver's License/Identification Card/Passport	Number:	State/Country:	
SSN:	Social Media Handles:		

Section 2: Education Information		
Current School		
	Grade:	GPA:
School Resource Officer (SRO) Name:		SRO Initials:

Section 3: Employment Information			
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, you may skip the rest of this section
Business Name			
Address	Street:		
	Suite:		
	City:	State:	ZIP:
Telephone		Schedule:	
Supervisor's Name:			

Section 4: Parent/Guardian Contact Information			
Parent/Guardian #1			
	Last	First	Middle
Name			
Telephone	Home:	Cell: Carrier:	Work:
Email			
Parent/Guardian #2			
	Last	First	Middle
Name			
Telephone	Home:	Cell: Carrier:	Work:
Email			

Section 5: Emergency Contact			
	Last	First	Middle
Name			
Telephone	Home:	Cell: Carrier:	Work:
Email			

Section 6: Medical Information			
Allergies			
Other Significant Medical Conditions:			
Insurance Company		Policy #	

Section 7: Personal History Questions		
Have you ever received discipline at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	
Have you ever been suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	
Have you ever been re-assigned to another school or expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	

Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	
Have you ever received a traffic summons(ticket) or warning?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	
Have you ever been detained by a law enforcement officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	
Have the police ever been called on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	
Have the police ever been called to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in the space to the right.	

<p>Have you had any other formal contact with a law enforcement officer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain in the space to the right.</p>	
<p>Are there any custody or family issues that would interfere with your participation in the program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain in the space to the right.</p>	
<p>Have you ever used illegal drugs (e.g. nicotine, vapes, THC, marijuana, cocaine, fentanyl, etc.)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain in the space to the right.</p>	
<p>Have you ever consumed alcoholic beverages?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain in the space to the right.</p>	
<p>Have you ever purchased or sold illegal drugs or alcohol?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain in the space to the right.</p>	
<p>Have you ever tried or used any prescription medications that were not yours?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain in the space to the right.</p>	

<p>Have you ever used anything outside of its intended means with the intent to get high?</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>If Yes, please explain in the space to the right.</p>	
<p>Have you ever been involved with or associated with a gang or similar organization or had friends or family associated with a gang or similar organization?</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>If Yes, please explain in the space to the right.</p>	

You will be required to remain drug, nicotine, and/ or alcohol free if accepted into the Public Safety Cadet Program and may be subject to random drug testing; do you agree to remain drug, nicotine, and alcohol free and consent to random drug testing?

(Initials)

Section 8: Miscellaneous Information		
<p>What other groups, clubs, sports or organizations do you participate in; will these other programs interfere with your ability to attend regularly scheduled meetings and events?</p>		
<p>How did you learn about the Public Safety Cadet Program?</p>		
<p>Why do you want to join the Public Safety Cadet Program?</p>		

Do you have a family member involved with Law Enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide their contact info below:		
	Last	First	Middle
Name			
Agency			
Email			
Phone		Relationship	

Applicant Certification

*By submitting this application for membership, you affirm that the information provided is true and accurate. Any information found to be false, or misleading will **automatically disqualify** you from becoming a member of the Fairfax County Public Safety Cadet Program and may negatively affect any future employment with our agency. If accepted into the Public Safety Cadet Program you understand that you will be required to submit your report cards (to verify GPA) to the Lead Mentor or representative, to consent to random drug testing, and to consent to thorough background check to include review of your criminal history and any and all contacts you have had with law enforcement.*

You further understand that you will be required to attend regularly scheduled meetings while in the Public Safety Cadet Program and that failure to do so may result in you not graduating the program.

Youth Printed Name			
Signature			
Date	Month	Day	Year
Parent Printed Name (If youth is under 18 years old)			
Signature			
Date	Month	Day	Year