



Camillus/ Solvay
Police Cadet Program
“Educating our future of Law Enforcement”



Police Cadet Application

In order to be considered for membership in the Camillus/ Solvay Police Cadet Post # 949, we ask that you complete this application. If you are under the age of 18, the application must be signed by your parent or guardian. Part of the application process includes a background investigation performed by the Camillus/ Solvay Police Departments. Any Felony or Class A or B Misdemeanor convictions will result in removal from the application process. Any information received is used only to determine the eligibility for membership any other law enforcement purposes.

Youth Information

Name: _____
Last First Middle

Date of birth: _____
Month Day Year

Address: _____
City State Zip code

Home Phone #: _____ **Cell Phone #:** _____

Email: _____

School: _____ **Grade:** _____

Sports/Programs: _____

Do you possess a drivers license?: _____ **Drivers license #:** _____

Employer: _____

Employer phone #: _____

Employer address: _____

City

State

Zip co

Parent/Guardian Information

Name: _____
Last First Middle

Relationship: _____

Address: _____

City

State

Zip code

Home Phone #: _____

Cell Phone #: _____

Email: _____

Name: _____
Last First Middle

Relationship: _____

Address: _____

City

State

Zip code

Home Phone #: _____

Cell Phone #: _____

Email: _____

Police Contact

Have you ever been arrested for any offense other than traffic related?: _____

If yes, what for? _____

Have you ever received a traffic citation?: _____

If yes, what for?: _____

Why are you interested in becoming a Police Cadet?: _____

How did you hear about the Police Cadet program?: _____

I certify that all the above statements and information are true to the best of my knowledge. Any false statements may result in the immediate rejection of my application. I further authorize the Camillus/ Solvay Police Departments to conduct an investigation of my background, including my driving and criminal history (if any). I understand that any information obtained will be used to determine my eligibility for the position applied for and any other law enforcement purposes.

Police Cadet Applicant Signature

Parent/ Guardian Signature

Cadet Program Advisor Signature