

Paulding County Sheriff's Office Public Safety Cadets

Unit 110

Application for Membership

Please answer ALL questions:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (Apartment)

(City) (State) (Zip Code)

Phone: _____ Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

School: _____ Grade: _____ Grade Average: _____

Have you ever been charged or convicted of a criminal or juvenile offense? _____

If so, please explain; including punishment: _____

Do you have any Social Media Accounts? List. _____

Do you have a valid driver's license? YES NO DL # _____

Are you currently taking any medications? _____

If so, please list: _____

Do you have any allergies or medical conditions? _____

If so, please list: _____

Applicant Signature

Parent/Legal Guardian Signature

Paulding County Sheriff's Office Public Safety Cadets Unit 110

I, _____, understand that any portion of this application is subject to examination by the Paulding County Sheriff's Office. I acknowledge that all the information obtained will be used solely for the Public Safety Cadet Application and for no other purpose. All of the information obtained in this application is correct to the best of my knowledge. I realize and acknowledge that the uniform along with any and all related items is and shall remain the property of the Paulding County Sheriff's Office PSC Unit 110.

I hereby grant permission to the Paulding County School System School Board and individual principals and teachers to release information pertaining to my grades, conduct, attitude, character, etc., to members of the Paulding County Sheriff's Office pursuant to this application.

I hereby give permission to Paulding County Juvenile Court, Juvenile Court Judge, information employees of the juvenile court, etc., to release information concerning any record in your possession or the absence of any such record indicating any contact I may have had with the Juvenile Court to members of the Paulding County Sheriff's Office pursuant to this application.

Applicant's Signature

Parent/Legal Guardian's Signature

References: List name, address, email address and phone number of three (3) adults who know you well. (Do not list relatives.)

1. _____
(Name) (Address)

Email: _____
(Phone)

2. _____
(Name) (Address)

Email: _____
(Phone)

3. _____
(Name) (Address)

Email: _____
(Phone)

Paulding County Sheriff's Office PSC Unit 110

Members will be required to complete a hold harmless form and have it notarized. A thorough background check, including information as to your character, general reputation, Physical Abilities and lifestyle will be part of the screening process. This information is solely for the purpose of evaluating your qualifications for membership in the Paulding County Sheriff's Office PSC and shall remain the property of the Paulding County Sheriff's Office. By submitting this application, you are authorizing this agency to contact any and all available sources for the purpose of obtaining information as to your qualifications for membership in the Paulding County Sheriff's Office PSC.

Have you read and do you understand all of the above?

Yes _____ No _____

| | | |
|--------------------------|-----------------------|----------------|
| _____ | _____ | _____ |
| (Last name) | (First Name) | (Middle Name) |
| _____ | _____ | _____ |
| (Social Security Number) | (Applicant Signature) | (Today's Date) |

Father's Name: _____

Father's Signature: _____ Date: _____

Father's Email Address: _____

Mother's Name: _____

Mother's Signature: _____ Date: _____

Mother's Email Address: _____

Legal Guardian's Name: _____ Relationship: _____

Legal Guardian's Signature: _____ Date: _____

Paulding County Sheriff's Office PSC Unit 110
Request for Permission to Train with the Paulding County Sheriff's Office and
Hold Harmless Agreement

The undersigned, (Participant), being eighteen (18) years of age or younger, does hereby request the Paulding County Sheriff's Office of Paulding County, Georgia for permission to train in the Paulding County Sheriff's Office PSC. This program is for the purpose of educational benefit. If permission is granted, I hereby agree to obey at all times, all instructions, orders, and commands given by the advisor(s) in charge at any Paulding County Sheriff's Office PSC event or training.

I FULLY REALIZE AND APPRECIATED THE BASIC NATURE OF LAW ENFORCEMENT WORK AND THE POSSIBILITY THAT SITUATIONS MAY ARISE WHICH MIGHT RESULT IN MY BEING EXPOSED TO THE DANGER OR PHYSICAL HARM, PERSONAL INJURY, OR DEATH CAUSED BY INCIDENTS INCLUDING, BUT NOT LIMITED TO, MOTOR VEHICLE, AIRCRAFT, OR BOATING ACCIDENTS; ANY INTENTIONAL OR NEGLIGENT ACTS OR OMISSIONS BY ME OR ANY OFFICER, EMPLOYEE, OR AGENT OF PAULDING COUNTY; OR MALFUNCTION OF EQUIPMENT.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, the receipt and sufficiency of which is hereby acknowledged, I hereby agree, along with my legal guardian, to indemnify and hold harmless and now and forever, fully and finally, release, acquit, and forever discharge Paulding County, its Board of Commissioners, employees, agents, Mentors of the Public Safety Cadets, the Paulding County Sheriff, the Paulding County Sheriff's Office, and its deputies, employees, and agents from any and all liability for property damage, physical harm, personal injury, mental anguish, and any other tortuous injury, including any injury resulting from the malfunction of any equipment used during training and instruction, or death, arising out of my participation in the PSC Program and any intentional, unintentional or negligent acts or omissions by me or any officer, employee or agent of the Paulding County, Georgia Board of Commissioners of the Paulding County Sheriff's Office.

This agreement shall remain in full force and effect for every occasion in which participant signed below requests and is granted permission to train as a Cadet.

The undersigned acknowledges that this agreement has been fully explained and that all questions regarding it have been answered and that it is being signed freely and voluntarily.

Observer's Name: _____ Observer's Signature: _____

Observer's Age: _____ Address: _____

Parent or Legal Guardian's Signature: _____

Witness: _____ Date: _____

Paulding County Sheriff's Office PSC Unit 110

Request for Permission to Ride as an Observer with the Paulding County Sheriff's Office and Hold Harmless Agreement – Youth

The undersigned, being under the age of eighteen (18), does hereby request the Paulding County Sheriff's Office permission to ride, as an observer in an authorized Paulding County Sheriff's Office vehicle, including Patrol Cars. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree to obey at all times all instructions, orders, and commands given to me by the officer in command of any vehicle in which I may be riding.

I HAVE DISCUSSED THIS MATTER WITH MY PARENTS OR LEGAL GUARDIAN AND THEY AGREED TO ALLOW ME TO PARTICIPATE AS AN OBSERVER BY SIGNING THIS AUTHORIZATION FORM.

I FULLY REALIZE AND APPRECIATED THE BASIC NATURE OF LAW ENFORCEMENT WORK AND THE POSSIBILITY THAT SITUATIONS MAY ARISE WHICH MIGHT RESULT IN MY BEING EXPOSED TO THE DANGER OR PHYSICAL HARM, PERSONAL INJURY, OR DEATH CAUSED BY INCIDENTS INCLUDING, BUT NOT LIMITED TO, MOTOR VEHICLE, AIRCRAFT, OR BOATING ACCIDENTS; ANY INTENTIONAL OR NEGLIGENT ACTS OR OMISSIONS BY ME OR ANY OFFICER, EMPLOYEE, OR AGENT OF PAULDING COUNTY; OR MALFUNCTION OF EQUIPMENT.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, the receipt and sufficiency of which is hereby acknowledged, I hereby agree, along with my legal guardian, to indemnify and hold harmless and now and forever, fully and finally, release, acquit, and forever discharge Paulding County, its Board of Commissioners, employees, agents, Mentors of the Cadet program, the Paulding County Sheriff, the Paulding County Sheriff's Office, and its deputies, employees, and agents from any and all liability for property damage, physical harm, personal injury, mental anguish, and any other tortuous injury, including any injury resulting from the malfunction of any equipment used during training and instruction, or death, arising out of my participation in the Cadet Program and observation and any intentional, unintentional or negligent acts or omissions by me or any officer, employee or agent of the Paulding County Georgia Board of Commissioners or the Paulding County Sheriff's Office.

This agreement shall remain in full force and effect for every occasion in which participant signed below requests and is granted permission to train as a Cadet.

The undersigned acknowledges that this agreement has been fully explained and that all questions regarding it have been answered and that it is being signed freely and voluntarily.

Name: _____ Age: _____ Signature: _____

Parent/Legal Guardian Signature: _____

Witness Signature: _____

Subscribed and sworn to me on this _____ day of _____, _____

Notary Public Signature: _____

Paulding County Sheriff's Office PSC Unit 110
Parental Hold Harmless Agreement

I certify that we are the parents or legal guardian of _____, who is under eighteen (18) years of age. We have read and understand the attached request for permission to observe with the Paulding County Sheriff's Office and hold-harmless-agreement-youth and we agree to allow our child to participate as an observer and to the terms and conditions set forth therein.

In consideration of the educational benefit to be received from such observation and the granting of the request by the Cadet Program, the receipt and sufficiency of which is hereby acknowledged, I hereby agree, as legal guardian, to indemnify and hold harmless and now and forever, fully and finally, release, acquit, and forever discharge Paulding County, its Board of Commissioners, employees, agents, Mentors of the Cadet program, the Paulding County Sheriff, the Paulding County Sheriff's Office, and its deputies, employees, and agents from any and all liability for property damage, physical harm, personal injury, mental anguish, and any other tortuous injury, including any injury resulting from the malfunction of any equipment used during training and instruction, or death, arising out of my child's participation in the Explorer Program and observation and any intentional, unintentional or negligent acts or omissions by any officer, employee or agent of the Paulding County Georgia Board of Commissioners or the Paulding County Sheriff's Office.

We further agree to waive all rights or claims to damages, legal or equitable, arising out of any intentional or negligent acts or omissions of our child, or any officer, employee, or agent of Paulding County, or a malfunction of any equipment used during training or instruction.

I understand this authorization will be valid for every occasion in which our child participates or is an observer unless it is revoked in writing and such written notification is received by the Paulding County Sheriff's Office.

The undersigned acknowledges that this agreement has been fully explained and that it is being signed freely and voluntarily.

Father's Name: _____

Father's Signature: _____

Mother's Name: _____

Mother's Signature: _____

Legal Guardian's Name: _____

Legal Guardian's Signature: _____

Before me appeared _____ and _____ to me well known and known to me to be the person described herein and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purpose therein expressed.

Witness my hand official seal, this _____ day of _____, _____

Notary Public of Georgia At Large

Paulding County Sheriff's Office PSC Unit 110
Emergency Contact Information

Explorer Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Medical History: _____

Explorer Email address: _____

Medications (Please List All) _____

IN CASE OF EMERGENCY CONTACT PERSONS BELOW:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship: _____

Paulding County Sheriff's Office PSC Unit 110
Medical Release Form

I, _____ (Parent/Legal Guardian) hereby give permission for any and all medical and/or dental attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of the bearer of this letter, until such time as I may be contacted. I also assume the responsibility for the payment of any treatment.

Insurance Carrier: _____

Policy Number: _____ Member Number: _____

Name of Policy Holder: _____

Address: _____

- I/my child has received Hepatitis B vaccination.
- I can provide documentation of my /my child's vaccination records.

- I/my child have not/has not received Hepatitis B vaccination.
- I/my child am/is willing to receive the Hepatitis B vaccination.
- I decline to/for my child to receive the Hepatitis B vaccination.

Signature (Explorer) _____

Signature (Parent/Legal Guardian) _____

Subscribed and sworn before me,

This _____ day of _____, _____

_____ Notary Public

_____ County, Georgia.