



COBB COUNTY POLICE DEPARTMENT

545 South Fairground Street SE
Marietta, Georgia 30060
770.499.3900 • fax: 770.499.4195
www.cobbpolice.com

E.S. VanHoozer *Chief of Police*

J.D. Ferrell *Deputy Chief of Police*

B.D. Cohen *Deputy Chief of Police*

S.C. Kucynda *Deputy Chief of Police*

To: All New Applicants
From: Officer A. Higgins, Cadet Director
Detective O. Escarcega, Head Mentor
Regarding: Application Packet

This is a memo explaining what should be in this packet and brief descriptions on how to fill it out.

NOTICE: YOU MUST HAVE THIS PACKET COMPLETED AND RETURNED WITHIN ONE WEEK AFTER RECEIVING IT IN ORDER TO COMPLETE THE ENTRY PHASE.

NOTICE: PRINT ALL INFORMATION NEATLY AND CLEARLY ON THE FORMS. USE BLUE OR BLACK INK ONLY.

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WHAT TO DO WITH WHAT

New Applicant Information	Read/Sign and Parent/Guardian Sign
Medical Release Form	Parent/Guardian Sign
Hold Harmless and Release Form	Parent/Guardian Sign
Phone List Information	Complete
Emergency Information Form	Complete
Photo ID Form	Complete
Application For Entry Form	Complete and Sign
Background Check Consent Form	Parent/Guardian Sign

All forms and documents must be completed upon turning in this packet. If forms are missing contact the Cadet Director at 770.528.8388 or email me at andrew.higgins@cobbcounty.org





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The following guidelines are to be followed by new applicants to the Cobb County Police Cadet Post #5

- 1) Members of the Cobb County Police Cadets exemplify the standards of the Cobb County Police Department. Only applicants with **NO CRIMINAL BACKGROUND** need apply.
- 2) Cadets have regular scheduled meetings on **Thursday from 6:30 p.m. to 8:30 p.m.** New applicants must attend three consecutive meetings before membership to the post can be approved.
- 3) Applicants must fill out this application entirely and turn in **\$50.00 non-refundable fee** before becoming a member of the Cobb County Police Cadets. **Please make checks payable to the CCPD CADETS, INC.**
- 4) Uniforms will be issued to the applicant only when the Post Advisor sees that the applicant meets the standards of the Cobb County Police Department and Police Cadets. All uniforms, id cards, patches, or any other gear issued by the Cobb County Police Department shall be the soul property of that Department. The transfer, selling, or alteration of that property is strictly prohibited.
- 5) All uniforms, identification cards, patches, or any other equipment must be returned to the Post within fourteen (14) days of separation or termination from the Post. Failure to return all property all property within thirty days (30) of separation will result in criminal charges being filed against the former Cadet and/or Parents.
- 6) It is the responsibility of the new applicant to return all of the items indicated in Chapter 6.00.00 of the S.O.P. to the Post Advisor.
- 7) All new applicants will be issued and must familiarize themselves with the Cobb County Police Cadet S.O.P. and abide by the guidelines. Failure to do so could result in disciplinary action and/or termination from the Post.
- 8) New applicants must be at least fourteen (14) years old and in high school. The applicant is required to maintain a satisfactory GPA of 2.0 or higher.
- 9) All Cadets are subject to a partial or complete medical examination by a Physician and their own expense.
- 10) All Cadets are subject to a drug-screening test at any time while a member of this program. Any Cadet violating the Georgia Criminal Code will be reported to the proper authorities for investigation.

New Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

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Medical Release Form

The undersigned, parents or guardians of _____, authorize a member of the Cobb County Police Cadet Post #5, the Cobb County Police Department, and/or one of the Advisors of the Cobb County Police Cadet Post #5, to treat for injuries. This is to include transport and/or care at the local medical facility.

This form is for all activities the above Cadet will participate in with the Cobb County Police Cadet Post #5. This authorization will remain effective until written withdraw of consent or termination from Post.

This form must be filled out entirely for an applicant to be considered for entry into the program.

Printed Parent or Guardian's Name

Date

Parent or Guardian's Signature

Insurance Company

Insurance Policy Number

Name of Insured

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Hold Harmless and Release Form

The undersigned, parents or guardians of _____, a member of the Cobb County Police Cadet Post #5, hereby indemnifies and holds harmless the Cobb County Police Department, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control of the Cobb County Police Cadet Post #5 from any claims of any kind whatsoever or any nature for the injury to the person or damage to the property of _____, his/her parents, siblings, or heirs. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of Cobb County, its servants, agents or employees, and particularly the officers engaged in supervision and control as set hereinabove.

Printed Cadet's Name

Date

Cadet's Signature

Printed Parent or Guardian's Name

Parent or Guardian's Signature

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Phone List Information

Name: _____
Last First Middle Initial

Address: _____
Number Street Apt#

City State Zip Code

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Email Address: _____





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Emergency Information Form

Name: _____
Last First Middle

Address: _____
Number Street Apt #

Phone Numbers: _____
Home Cell

Date of Birth: _____

Driver's License Number: _____

Insurance Company: _____ Policy Number: _____

Primary Card Holder's Name: _____

Parent(s) and/or Guardian(s): _____
Father/Male Guardian Mother/Female Guardian

Father/Male Guardian Mother/Female Guardian

Home Phone: _____

Cell Phone: _____

Work Phone: _____

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Must provide at least two emergency contacts:

Emergency Contact 1:

Name: _____ Relation: _____
Home: _____ Work: _____
Cell: _____

Emergency Contact 2:

Name: _____ Relation: _____
Home: _____ Work: _____
Cell: _____

Emergency Contact 3:

Name: _____ Relation: _____
Home: _____ Work: _____
Cell: _____

Medical History:

Have you ever been hospitalized? YES NO

If YES, please explain:

Do you currently take any long-term medication? YES NO

If YES, please explain:

Do you suffer from any medical conditions? YES NO

If YES, please explain:



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Are you allergic to anything? YES NO

If YES, please explain:

Is there anything you feel it is necessary for us to know? YES NO

If YES, please explain:

Do you have a FACEBOOK page?

YES

NO

If YES what is your screen name:

Do you have any other social media pages?

YES

NO

If YES what are they and what are the screen names:

Note: This information must be kept current and it is the individual Cadets responsibility that current records are maintained with the Post.

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Cadet ID Card Information Sheet

The below information will be used to process your Cadet Identification Card. Please print legibly to prevent any mistakes when entering information. You must use blue or black ink.

Name: _____
Last First Middle Initial

Date of Birth: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Do not complete below

For internal use only:

Membership Date: _____

Badge Number: _____

Assignment: _____





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Application for Entry

Personal Information:

Name: _____
Last First Middle Nickname

Address: _____
Number Street Apt #

_____ City State Zip Code County

Phone Numbers: _____
Home Cell

Driver License Number: _____

Circle: Male Female Race: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Email Address: _____

Do you speak any other language beside English? YES NO

If YES, please explain: _____

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List all organizations, clubs, and associations, which you are currently participating with:

What are your hobbies, special skills, abilities and/or achievements?

Are you currently employed? YES NO

If YES, with whom: _____

Supervisors Name	Work Address
------------------	--------------

Job Title: _____ How long employed: _____

Days/Hours you work: _____

Would your job interfere with your cadet duties? YES NO

If YES, please explain how: _____

Have you ever been detained or questioned by the police? YES NO

If YES, please explain: _____

Have your ever been charged or convicted of a crime or juvenile offense? (Do not include traffic violations)

YES NO

If YES, please explain: _____

List all traffic citations that you have received:

Location (Dept)	Approx. Date	Nature of Violation	Penalty	Disposition
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Continue Next Page

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List your career and education goal(s):

References: (NO Immediate Family Members)

Reference 1:

Name: _____ Relation: _____
Home Phone: _____ Work Phone: _____

Reference 2:

Name: _____ Relation: _____
Home Phone: _____ Work Phone: _____

Reference 3:

Name: _____ Relation: _____
Home Phone: _____ Work Phone: _____

Who recommended you for the Cadet Program or how did you hear about it?

Are you a U.S. citizen? YES NO

If NO, please explain why and if you are planning to be one:

Have you ever been terminated from another Cadet/Explorer post or any other organization? YES NO

If YES, please explain when, why and by whom: _____

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Do you smoke cigarettes/cigars/e-cigarettes? YES NO

Do you chew tobacco? YES NO

Have you ever done drugs? YES NO

If YES, please explain when and what: _____

Have you ever consumed alcohol? YES NO

If YES, please explain when, why, and where: _____

Has there ever been any disciplinary action taken against you at school? YES NO

If YES, please explain when and why: _____

Are you or were you ever affiliated with any cult, gang, or organized crime? YES NO

If YES, please explain when and who: _____

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Short Essay: (Print Legibly or Type)

Explain to us why you want to be a Cobb County Police Cadet; what do you think this program is about, and what you expect to gain from the cadet program. Minimum 150 words.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

FOR MORE ROOM USE ANOTHER SHEET AND ATTACH **Pg 14**



Please read and sign:

All information that I have given on this application is the truth and it contains no falsification or misrepresentations, I also understand that any falsehood or half-truth discovered by the Cobb County Police Department will be grounds for termination or denial into the explorer program. I also understand that all the information contained in this application will be held confidential.

Applicant's Signature

Date

Parent/Guardian's Signature

Reviewed by:

Mentor Signature

Date







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Background Check Consent Form

The undersigned, parents or guardians of _____, a member of the Cobb County Police Cadets Post #5, hereby authorizes the Cobb County Police Cadet Advisor or his designee to conduct a thorough criminal background investigation. This is to include, but not limited to a criminal history check, driver's history check, school attendance and academic records check, interviews of family/friends/acquaintances for the purpose of acceptance and continued participation in the Cobb County Police Cadet Program.

Cadet's Signature

Date

Printed Parent or Guardian's Name

Parent of Guardian's Signature

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CRIMINAL HISTORY CONSENT FORM

____ Criminal History: *I hereby authorize the Cobb County Police Department to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I hereby authorize the Cobb County Police Department to check my criminal history every six months (6) or as needed without having to sign another authorization form as long as I am a cadet with post #5.*

____ Local MNI report: *I hereby authorize the Cobb County Police Department to conduct a local MNI check ONLY for records pertaining to me. (Free service).*

PERSON REQUESTING _____ DATE REQUEST _____

FULL NAME _____
Last First Middle

SSN _____ RACE _____

DOB _____ SEX _____

SIGNATURE _____

____ A CHECK OF LOCAL POLICE DEPT. FILES REVEALED:
NO RECORD FOUND _____ SEE ATTACHED _____

____ A CHECK OF STATE AND LOCAL CRIMINAL HISTORY FILES UTILIZING GCIC/NCIC ACCESS
REVEALED:
NO RECORD FOUND _____ SEE ATTACHED _____

____ POLICE OFFICER NAME _____ BADGE NUMBER _____ DATE _____

*****You must use Purpose Code E to run this criminal history check.*****





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COBB COUNTY POLICE CADET POST #5 **VEHICLE USE POLICY**

I, _____, acknowledge by signing this form that at **NO**
TIME Can I operate a Cobb County Police Department patrol car, pick-up trucks, vans, motorcycles, ATV's, bicycles, or any other equipment owned by the Cobb County Police Department and/or the Cobb County Department of Public Safety.

By signing this form, I agree that if I am found to have been operating the above-mentioned equipment, without the proper permission stated below, I will be subject to discipline up to termination from this post and may face criminal charges.

The above will be waived if approval is giving by either the Post Director, Associate Mentor, Cobb Police Rangers Sergeant, Cobb Police Rangers Lieutenant or Cobb County Police Captain, Police Major, Deputy Chief or Police Chief.

Once approval is given by one of the above listed, the approval will be documented in writing and kept in the Cadet's personnel file.

***** Cadets holding the rank of Sergeant or above may operate the police golf carts. Only Advisors or the Post Commander's can allow someone under the rank of Sergeant to operate the golf cart and only under close supervision and for emergency reasons only** *Non-Cadets are prohibited from operating vehicles. No exceptions*****

Cadet Signature: _____ Cadet Printed Name: _____

Designated Cadet Command Signature _____

Mentor Signature: _____ Date: _____

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MEMORANDUM

TO: All Cadets and Applicants

FROM: Ofc. A. Higgins, Cadet Director
Det. O. Escarcega Head Mentor
Ofc. D. Rose Associate Mentor
Ofc. D. Rico Associate Mentor
Ofc. A. Lindsey Associate Mentor

SUBJECT: Leave of Absence

DATE: January 01, 2024

I understand by signing this memorandum that if I am going to miss more than four (4) consecutive meetings, I will notify the Chain of Command and the Cadet Director and that I will complete a Leave of Absence form. I also understand that once I fill out the leave of absence form, I will turn in all my duty gear to the Cadet Director and any other items that are requested by the Command Staff or the Advisors.

I understand by signing this form that if I do not follow the above procedures then I am subject to disciplinary actions including and up to termination from the CCPD Cadet Post.

Cadet Signature: _____ Date: _____

Post Commander Signature: _____ Date: _____

Mentor Signature: _____ Date: _____





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CADET AUTHORITY DIRECTIVE

As a Cadet of the Cobb County Police Cadet Post #5, I understand that I am **NOT** a sworn officer and that I shall **NOT** arrest, search or detain any person(s) or property at any time.

Cadet: _____

Date: _____

Mentor: _____

Date: _____

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CADET IDENTIFICATION

I, _____, give the Cobb County Permits and Identification Unit permission to take my Photograph and information in order to provide me, as a Cadet, an identification badge to be used while I am in the program.

I understand that this identification card cannot be used for any other purpose but that purpose outlined by the Cobb County Police Cadet Policy.

I further understand that any misuse can result in termination from the program and termination of the identification badge. I understand that I must surrender this identification badge once I leave the cadet program or I could be charged with theft of government property.

Cadet Signature: _____

Date: _____

Mentor Signature: _____

Date: _____



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POLICY LETTER

TO: _____
(Cadet name)

FROM: Ofc. A. Higgins, Cadet Director

Regarding: Policy Acceptance Letter

I, _____, have received a copy of the Cobb County Police Cadet Police. I understand it is my responsibility to read and adhere to its policies, procedures, and guidelines. I will keep this manual secure and maintain its confidentiality.

Cadet Signature

Date

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Uniform/Equipment Sizing

Boots size: _____ Men's [] Woman's []

BDU pants size: _____

BDU shirt size: _____

T-shirt size: [XS] [S] [M] [L] [XL] [XXL] [XXXL]

Jacket size: [XS] [S] [M] [L] [XL] [XXL] [XXXL]

Please fill out to the best of your ability. If you do not know what size you are in a certain category, Please inform an advisor so we may get you sized.





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MEMORANDUM

To: File

From: _____
(Cadet name)

Subject: General/Sexual Harassment Review

Date: January 01, 2024

The purpose of this memo is to acknowledge the following:

I understand that as a Cobb County Police Cadet, I am a representation of the Cobb County Police Department, Public Safety Cadet Program, and Myself. I further understand that as a Cadet, I am held to a higher standard than my peers. I understand that harassment of any type will not be tolerated in this program. It is my responsibility to notify an advisor immediately if I observe any type of harassment taking place so that it may be handled accordingly.

I understand that harassment is described as any unwanted or unwelcomed words or actions towards another person or third party which may make the person(s) feel uncomfortable. Harassment of any type will not be tolerated in this program. I understand that if I am found to have committed any harassment violations, I am subject to termination from the post.

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