



The Tyler Police Department
Public Safety Cadet Unit #310
711 W. Ferguson St. 903-531-1096
Tyler, TX 75702 FAX 903-531-1069



Cadet Application

Tyler Police Department Public Safety Cadets Program





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Attached are the forms that are required to be completed to be admitted into the Public Safety Cadets Program at the Tyler Police Department. Specifically, these forms should be attached:

1. Requirements and Process
2. General Information Form
3. Consent for Fingerprints and/or Images
4. Medical Form
5. Hepatitis B Vaccination Declination Form
6. Hold Harmless and Release Form
7. Public Safety Cadets – Agreement and Legal Waiver Form

All of the attached should be completed as best as possible. If the applicant is under the age of 18, all forms must be signed by a parent or legal guardian.

An application is not complete until all forms are completed and are accompanied by a current copy of their school grades and the registration fee of \$20.

Questions can be forwarded to Officer James McCraw at 903-533-2015 or jmccraw@tylertexas.com.

Requirements:



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1. Have a desire for a career in law enforcement or police service or a desire to learn more about the field of law enforcement.
2. Be a young adult age 14, and graduated from the eighth grade, through the training year of their 21st birthday.
3. Must undergo a thorough background review to assess character and integrity that may include interviews with neighbors, teachers and employers.
4. Must not have a prior conviction for a criminal offense or serious traffic offense.
5. Must demonstrate and maintain a minimum of a 73 or 2.0 cumulative grade point average (GPA) in high school or college to remain in the Unit.
6. As a prerequisite for joining a hold harmless and release form for Public Safety Cadets and the partnering agency/organization must be executed by the parents or legal guardian and/or the Cadet if of legal age to sign such a form.
7. Must complete a basic training course, to include Youth Safety training and a probationary period. (Provided in our training.)
8. Must strive to achieve body weight in proportion to height and maintain a high level of physical fitness.

Application Process:

1. Submit a complete Tyler Police Public Safety Cadet Application with parent's signatures if under the age of 18.
2. Attach a copy of the applicant's most recent report card.
3. Once a background investigation has been completed and the applicant meets the requirements of the program, they will be notified of their acceptance. The applicant may be called upon to explain issues within his/her background history.
4. Once accepted, the applicant becomes a Probationary Cadet and his/her membership will have started the date that the application was turned in.



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Name (Last, First, Middle) _____

Date of Birth _____ Sex _____ Phone Number _____

Street Address _____ City _____ Zip _____

Driver's License Number _____ Email _____

School Attending and Grade/Classification _____

Employer and Location _____

Parent(s) or Guardian(s) (If under 18) _____

Phone Number(s) _____

Email(s) _____

Are you a US Citizen? (Circle One) Yes/No

List any disabilities or impairments you have. _____

Have you ever been treated for any mental or nervous conditions? (Circle One) Yes/No

List any crimes you have been charged with or arrested for, and where and when. _____

List any gangs you have ever been affiliated with, when and where. _____

List other extra-curricular activities in which you participate. _____

I certify that the statements made by me in this application are true, complete and correct, and are made in good faith. I authorize the investigation of my/my child's background, and hereby release you, your organization, and sponsoring agency from liability or damages, which may result from furnishing the above information. As a Parent/Guardian, I have read and approve this application for membership in the Tyler Police Public Safety Cadet Program, and I have granted permission for their joining and involvement.
(Parent/Guardian signature required if under 18)

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Consent for Fingerprints and/or Images



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All members of the Tyler Police Public Safety Cadet Unit will be subject to being fingerprinted and/or photographed for identification purposes. Photographs or video may also be taken as part of unit records to include but not limited to social media, scrapbooks, recruiting, and recording specific events and activities. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made shall be the property of the Tyler Police Public Safety Cadet Unit, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part. Please sign below indicating your consent to the taking of fingerprints and/or pictures for this purpose. If the applicant is less than 18 years old, a parent/guardian signature is required.

I, _____ hereby give my consent to the Tyler Police Department/Tyler Police Public Safety Cadet Unit and their agents to take and store my fingerprints and photographs for the above stated purposes.

Applicant Signature: _____

Parent/Guardian Signature: _____

Hepatitis B Vaccine Declination



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I understand that due to my voluntary participation in Public Safety Cadets activities, I may be exposed to blood and other potentially infectious materials and may therefore be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at my own expense.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to participate in unit activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at my own expense.

(A parent/legal guardian must also sign if participant is under 18 years of age.)

Signature: _____ Date: _____

Signature (Parent/Guardian): _____ Date: _____

Medical Form



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Cadet Application

To be completed by every participant in any activity.

Please note that the activity leadership must have the ORIGINAL form. (Some hospitals will not accept copies)

Last Name: _____ First Name: _____ MI: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Male/Female Age: _____ Date of Birth: _____

Name of adult leader participating in the activity who agrees to be responsible for this participant: _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, plants, medicines, insect bites Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
Asthma			Convulsions/Seizures			Hemophilia		
Attention Deficit/Hyperactivity Disorder (ADHD)			Diabetes			High Blood Pressure		
Cancer/Leukemia			Heart Trouble			Kidney Disease		

Explain: _____

List any medications to be taken during the activity: _____

List ALL medications taken in the 30 days prior to arrival: _____

List any physical or behavioral conditions that may affect or limit full participation: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

IMMUNIZATIONS (Date of last inoculation if known):

Chicken Pox _____	Lyme Disease (Not Required) _____	Pertussis _____	Rubella _____
Diphtheria _____	Measles _____	Polio _____	Tetanus Toxoid _____
Hepatitis B _____	Mumps _____		

PARENT/GUARDIAN INFORMATION:

Name of parent or guardian: _____ Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name of personal physician: _____ Phone: _____

Personal health/accident insurance carrier: _____ Policy number: _____

Medical Form Cont'd



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In case of emergency during the activity, notify:

Name: _____ Relationship: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

E-mail Address: _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____ E-mail: _____

Name: _____ Relationship: _____ Phone: _____ E-mail: _____

In case of emergency, I understand every effort will be made to contact me (If participant is an adult, my spouse or next of kin). In the event I cannot be reached. I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or infusions of medication for my child (or for me, if an adult).

Signature of parent/guardian/adult participant: _____

Date: _____

STATEMENT OF UNDERSTANDING AND SIGNATURES (To be completed by all adult and youth participants)

I understand the importance of providing accurate medical information, and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical limitations that would prevent my full participation in Public Safety Cadet events (unless noted).

I understand that this application includes my request for other personal accident insurance to be purchased on my behalf, and the cost of this insurance is included in the registration fee.

As an Adult Leader I will follow activity requirements for participation or as a youth participant, I will be responsible to my Adult Leader.

In the event of illness or injury occurring to me or to my son/daughter (if applicant is younger than 18) during attendance with Public Safety Cadet events. I do hereby consent to whatever x-ray examination, anesthesia, medical or surgical diagnostic procedure, or treatment is considered reasonable and necessary in the best judgment of the attending licensed physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

I understand that in the event of a serious illness or injury reasonable efforts to notify those listed in case of emergency will be attempted.

Unit Insurance: _____ Policy Dates: _____

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Adult Leader: _____ Unit Number: _____ Date: _____

Hold-Harmless and Release Form



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The undersigned, parents or guardians of _____, a participant of the Tyler Police Public Safety Cadets, hereby indemnifies and holds harmless the City of Tyler, Tyler Police Department, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control of the Tyler Police Public Safety Cadets from any claims of any kind whatsoever or of 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 the City of Tyler, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

(A parent/legal guardian must also sign if participant is under 18 years of age.)

Cadet Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____