

# POLICE CADET VOLUNTEER APPLICATION



**Cadet Coordinator**  
**Community Services Division**  
 P.O. Box 4755  
 Beaverton, OR 97076-4755

mailboxbpdcommunityservices@beavertonoregon.gov

Name	Last	First	MI
Address	Number	Street	
City		State	Zip Code
Home Phone (    )	Cell Phone (    )	Work Phone (    )	
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Personal Email Address: (Please do not use school email address)			

How did you learn about this position? \_\_\_\_\_

**Education:** Circle Highest Year Completed    8 9 10 11 12 GED    College 1 2 3 4 5 6 7 8

NAME AND LOCATION	YEARS COMPLETED	GRADUATED		TYPE OF DEGREE, DIPLOMA, OR CERTIFICATE	COURSE OF STUDY / MAJOR
		YES	NO		
HIGH SCHOOL OR G.E.D.					
COLLEGE OR UNIVERSITY					
TECHNICAL SCHOOL					
MILITARY SERVICE					

**Supplemental Question:**

On a separate piece of paper, please briefly explain why you want to be a police cadet with the Beaverton Police Department. Please limit your answer to no more than 1000 words.

**Resume:**

Please attach your professional resume to this application. Please limit your resume to no more than two pages.

**Availability:**

The minimum requirement for this program is 20 hours per month. Are you able to commit to 20 monthly volunteer hours? Yes  No

**IMPORTANT: PLEASE READ THE FOLLOWING, INITIAL BY EACH STATEMENT, AND SIGN BELOW**

\_\_\_ I understand that if I provide false or misleading information on this application or on other documents in connection with my police cadet volunteer application with the Beaverton Police Department, it will be grounds for terminating my participation in the program, regardless of when it is discovered.

\_\_\_ I authorize the Beaverton Police Department to investigate my references; to communicate with my current or former employers; to make an independent investigation of my character, employment history, and criminal record (if any); and to keep and preserve records of such investigation in accordance with Oregon Archive laws. I understand that my information will be kept in a confidential background file, and will only be released at the authority of the Chief, and in accordance with applicable Oregon State laws and Administrative Rules.

\_\_\_ If selected as a police cadet volunteer, I agree to read and comply with all police cadet volunteer policies and procedures.

\_\_\_ My resume is attached.

\_\_\_ My answer to the supplemental question is attached.

By typing your name below, you agree it indicates your intent to sign this Application and that you affirm that the information contained in this Application is true and correct to the best of your knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_