



ELIGIBILITY

- Ages 15-20
- Be of "good standing," at school and within the community.

- Parental Permission

ACCEPTED CADETS

- 80% meeting attendance
- Maintain "good standing"
- Maintain Confidentiality



JOIN US!

To request an application, visit the
Youth Cadet Program tab under the
"Services" tab of
www.jaspercountysheriff.org
or call 417-358-8177 ext. 1311



Jasper County Youth Cadet Program

231 S. Main St

Carthage, Mo 64836

417-358-8177 ext.1311



Jasper County Sheriff's Office

Youth Cadet Program

(for ages 15-20 years)

AN EXCELLENT OPPORTUNITY FOR YOUNG MEN AND WOMEN WHO ARE CONSIDERING LAW ENFORCEMENT AS A CAREER

INTRODUCTION

Thank you for your interest in the Sheriff's Youth Cadet Program. This information brochure has been prepared to inform you of the selection, training, and duty requirements of becoming a Sheriff's Cadet.

THE PROGRAM

The Jasper County Sheriff's Department Law Enforcement Youth Cadet Program is managed by deputies who volunteer or are assigned at the discretion of the Sheriff.

ORGANIZATION

The purpose of the Sheriff's Youth Cadet Program is to provide the young men and women of the community the opportunity to explore their interests and aptitudes in the field of law enforcement through on-the-job exposure. The Sheriff's Cadet Post is composed units which are assigned to the Sheriff's Department. Each unit has a command structure that parallels the regular department.

GOALS OF THE YOUTH CADET PROGRAM

To encourage desirable character traits, ethical conduct, sound morals, patriotism and respect for law and order so that the explorer's exemplary behavior might be emulated by their peers.

To occupy the spare time of young people by providing worthwhile objectives to pursue.

To provide young people in the community the opportunity to explore their interests and aptitudes in the field of law enforcement by on-the-job exposure to the Sheriff Deputies various duties.

SELECTION REQUIREMENTS

- 1) Male or female, 15 to 20 years of age.
- 2) United States Citizen or Legal Alien who has applied for citizenship.
- 3) Possess a High School Diploma or GED certificate. If still in high school, must have a "C" average or better and maintain it.
- 4) Good physical condition, with weight in proper proportion to height.
- 5) Vision must be 20/100 or better, correctable to 20/30 or better in each eye. Color vision must be normal. Hearing must be unimpaired.
- 6) Good moral character. Conviction of a felony is disqualifying. A background investigation will be conducted.
- 7) Possess the ability to clearly express thoughts in written and verbal form.
- 8) Be willing to contribute at least 20 hours per month to the Explorer Program.

APPLICATION PROCESS

Completed applications for the position of Sheriff's Cadet should be submitted to Sgt. Roy Teed at the Jasper County Sheriff's Office. The Cadet background investigator will set up an oral interview with the applicant and will conduct a background investigation. Once the background investigation is completed, if the candidate is successful, he or she will be notified of acceptance into the Sheriff's Youth Cadet Program.

THE CADET ACADEMY

The candidate must complete the basic phase of training to become a cadet. The training includes classes in Criminal Law, Patrol Procedures, Report Writing, Arrest and Control, Court Procedures and Physical Fitness.

The cadet groups are made up of Deputy Cadets, Cadet Sergeants and an Cadet Lieutenant, all of who serve under the guidance of a regular Deputy Sheriff who acts as the station advisor. Youth Cadets may be promoted through the ranks as they gain expertise and experience. The top-ranking cadet is a captain who serves as the Youth Cadet Commander.

The Deputy Cadet will wear an approved uniform that will be provided by the Sheriff's Department.

Sheriff's Cadets provide a myriad of beneficial services to the Sheriff's Department and to the community. Many members of the Sheriff's Department began as cadets, thus forming foundations for careers in law enforcement.

Interested youth may obtain an application or more information by contacting Sgt. Roy Teed at (417) 358-8177 (ext. 1311).

Completed applications should be submitted to Sgt. Teed at the Jasper County Sheriff's Office which is located at 231 S. Main St., Carthage Mo. 64836

INSTRUCTIONS FOR COMPLETING THE CADET APPLICATION/BACKGROUND PACKAGE

GENERAL: Personally complete all section of the application packet; do not leave any blanks. If the section does not apply to you, place an "N/A" in that section. If the proper answer is "none", then write the word "none". Be accurate and complete with all answers. **All references (personal, employment and school) must reflect complete addresses, i.e.: P.O. Box or street number and name, city, state and zip code.** Incomplete or incorrect information will delay the process of your application. PLEASE TYPE ALL INFORMATION OR PRINT CLEARLY AND LEGIBLY IN BLACK INK.

- 1. Authorization to Release Information**
 - A. Applicant's name is printed at top with date of birth.
 - B. If applicant is under 18 years of age, a parent must also sign and date.
- 2. Authorization for Medical Treatment**
 - A. Print applicant's name (or parent's name if applicant is a minor) on first blankline.
 - B. Print applicant's names on second and third blank lines.
 - C. Applicant (or parent, if applicant is a minor) signs on bottom.
- 3. Request for Participation and Waiver of Liability**
 - A. Print applicant's name on first blank line.
 - B. Applicant signs on signature line.
 - C. Parent(s) must sign if applicant is a minor.
- 4. Physician's (Medical Fitness) Waiver**

This form is provided, however, do not visit your physician to have this form signed until you are told to do so.

 - A. Print applicant's name on the first blank line.
 - B. Applicant signs and dates.
 - C. If applicant is under 18 years of age, a parent must also sign and date.
 - D. Physician prints name on blank line in statement, signs, dates and supplies address and telephone.
- 5. Attach a copy of your birth certificate and a copy of your most recent report card** or, if you have graduated, a copy of your high school diploma.

**You must return the fully completed package with all the required copies for your application to be evaluated.
Incomplete packages will NOT be processed.**

CADET APPLICATION AND BACKGROUND PACKET

Last Name:		First:		Middle:
Other Names (Maiden, prior, aliases, nicknames):				Race:
Date of Birth:		Age:		SSN:
Sex:	Height:	Weight:	Hair Color:	Eye Color:
Address:				Apt:
City:		State:		ZIP:
Home Ph#		Work Ph#		Cell Ph#
Email (all addresses ever used):				
Mother's Name:			Home Phone:	
Address (if different from applicant):				
Place of Business:			Work Phone:	
Father's Name:			Home Phone:	
Address (if different from applicant):				
Place of Business:			Work Phone:	
EMERGENCY CONTACT				
Name:			Relationship:	
Address:			Apt:	
City:		State:		ZIP:
Home Ph#		Work Ph#		Cell Ph#
REFERENCES				
In the space below, please list as references 3 individuals who have knowledge of you and your qualification. Exclude relatives. Also, include email addresses for all your personal references.				
Name:		Phone#		Email:
Address:				
Name:		Phone#		Email:
Address:				
Name:		Phone#		Email:
Address:				
17 YOA or OLDER / MILITARY SERVICE				
Have you ever served in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Branch:		Dates of Service: _____ to _____		
Have you ever failed to register for Selective Service or the military draft, when required to do so by law? <input type="checkbox"/> YES <input type="checkbox"/> NO				

CITIZENSHIP				
You must be a citizen of the United States or a permanent resident alien, who is eligible for and has applied for citizenship.				
Place of Birth:		Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If naturalized, what year and where did you become a citizen?				
If you are a permanent resident alien, what is your registration number?				
Have you applied for U.S. Citizenship? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, when did you apply for citizenship? (Mo/Yr)				
EDUCATION				
I am presently a high school student in the _____ grade at _____ High School.				
I graduated from _____ High School in (Mo/Yr) _____				
I am presently a college student majoring in:				
Please indicated below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted.				
Name of School	Completed Address	From Mo/Yr	To Mo/Yr	School References (Teachers, counselors, etc.)
Have you ever been suspended or expelled from any school? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "yes", please explain (include school, date and circumstances):				
LAW ENFORCEMENT INFORMATION				
Have you applied with the Jasper County Sheriff's Office before? <input type="checkbox"/> YES <input type="checkbox"/> NO				
What was the disposition of the application?				
Have you applied with any other law enforcement agencies? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, list below:				
Agency	What Year?	Disposition		
Have you attended an Explorer Training Academy? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Location:	Date:	Level:		
Have you had any other law enforcement training? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Explain:				

EMPLOYMENT			N/A
Beginning with your current employment, please list all jobs (including part time, temporary and voluntary positions) you have held			
Have you ever been fired or asked or forced to resign, from any place of employment? If yes, explain what job, when and why below:			<input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVING RECORD			
Do you have a valid Missouri Driver's License (MDL)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
MDL Number:		Expiration Date:	
Have you ever had an out-of-state license?			<input type="checkbox"/> YES <input type="checkbox"/> NO
What State(s)?		What year(s):	
Has your license ever been suspended, restricted, revoked or placed on probation? If yes, explain when and why below:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list all traffic citations (excluding parking citations) you have received within the past three years			
Nature of Violation	Location	Approximate Date	Indicate whether fined or action taken
Do you have any citations or parking tickets that are past due or pending? If "yes", explain below:			<input type="checkbox"/> YES <input type="checkbox"/> NO
When was the last time you drove a motor vehicle while "under the influence" of an alcoholic beverage or some type of illegal drug, when you could have been arrested or stopped? _____ (Mo/Yr)			
Do you currently have automobile insurance?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Insurance Carrier:		Policy No:	
If no, explain why and how long you have driven without insurance below:			
Have you ever been involved as a driver in a motor vehicle accident? If "yes", please give details for each accident:			<input type="checkbox"/> YES <input type="checkbox"/> NO
During the course of the background investigation process, you may be requested to submit a copy of your accident report.			

CRIMINAL HISTORY

Have you ever been detained, questioned, held on suspicion, fingerprinted, or taken into custody, by any law enforcement agency, for any reason other than minor traffic tickets? ☐ YES ☐ NO

Have you ever been a suspect in any law enforcement investigation? ☐ YES ☐ NO

Have you ever been charged with a crime? ☐ YES ☐ NO

Have you ever been arrested? ☐ YES ☐ NO

Have you ever been in jail? ☐ YES ☐ NO

Have you ever been convicted or pled guilty to any crime? ☐ YES ☐ NO

If you answered "yes" to any of the above questions, list and summarize below. Give more details on the back of this page regarding "yes" answers.

Agency	Type of Crime	Mo/Yr	Details

Do you have any tattoos? ☐ YES ☐ NO

If yes, describe what type and locations of each tattoo

Have you ever experimented with, tried or come into contact with, any type of illegal drug or narcotic? ☐ YES ☐ NO

Indicate by check marking all drugs that you have experimented with, tried, or come into contact with from the below list. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling or injecting.

<input type="checkbox"/>	Marijuana	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	LSD	<input type="checkbox"/>	Hashish	<input type="checkbox"/>	Speed
<input type="checkbox"/>	Acid	<input type="checkbox"/>	Hashish Oil	<input type="checkbox"/>	Crank	<input type="checkbox"/>	Mescaline	<input type="checkbox"/>	Cocaine
<input type="checkbox"/>	Crack	<input type="checkbox"/>	Crystal	<input type="checkbox"/>	Peyote	<input type="checkbox"/>	Rock	<input type="checkbox"/>	Ice
<input type="checkbox"/>	Amphetamines	<input type="checkbox"/>	Crosstops	<input type="checkbox"/>	Whites	<input type="checkbox"/>	Bennies	<input type="checkbox"/>	Uppers
<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>	Black Beauties	<input type="checkbox"/>	Downers	<input type="checkbox"/>	Reds	<input type="checkbox"/>	Quaaludes
<input type="checkbox"/>	PCP	<input type="checkbox"/>	Sherms	<input type="checkbox"/>	Angel Dust	<input type="checkbox"/>	Mushrooms	<input type="checkbox"/>	Glue
<input type="checkbox"/>	Opium	<input type="checkbox"/>	Heroin	<input type="checkbox"/>	Steroids	<input type="checkbox"/>	Other (List)	<input type="checkbox"/>	Other (List)

If you checked any of the above drugs, give details below:

Have you ever used a prescription drug not prescribed for you? ☐ YES ☐ NO

Have you ever sold, provided or given illegal drugs or narcotics to anyone? ☐ YES ☐ NO

Have you ever grown marijuana or manufactured any type of drug or narcotic? ☐ YES ☐ NO

Have you or anyone else ever injected an illegal drug or narcotic into your body? ☐ YES ☐ NO

Do you associate with any person who you suspect uses illegal drugs or narcotics? ☐ YES ☐ NO

When was the last time you were present where illegal drugs, narcotics or other illegal substances were being used?

Month: Year: Location:

Circumstances:

If you answered "yes" to any of these questions, explain below, if you need more room use the back of this page:

ALCOHOL USAGE	
Have you ever consumed and alcoholic beverage?	
What type of alcoholic beverages have you drank?	
On the average, how many days out of the month do you drink alcoholic beverages?	
How many drinks do you consume when you drink?	
When was the last time you were drunk? (Mo/Yr)	
How many times have you been drunk in the past 6 months?	Past year?
FINANCIAL HISTORY	
Have you ever had any debts/bills turned over to a collection agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had anything repossessed? If "yes", explain what and when below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any unpaid debts/bills that are past due? (i.e.: credit cards, mortgage/rent payments, automobile or student loans, medical bills, taxes, etc.) If "yes" explain below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "yes", to any of the above questions, explain below:	

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY MIS-STATEMENTS OR MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Signature of Applicant

Date

Signature of Parent (if applicant is a minor)

Date

JASPER COUNTY SHERIFF'S OFFICE YOUTH CADET PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

NAME: _____

OTHER NAME: _____

DATE OF BIRTH: _____

To whom it may concern:

I respectfully request and authorize you to permit the Jasper County Sheriff's Office (properly identified) to review my credit record, juvenile or adult probation record, medical record, school record and employment record; including but not limited to personnel files, background files, internal investigation files, disciplinary files and training files. They are also authorized to copy any material contained therein.

I hereby release you, your organization, or others any liability or damage that may result from furnishing the requested information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Sheriff's Office and will be made available upon request.

The information is to be used to assist the Sheriff's Office in determining my fitness and qualifications for a position of trust and responsibility.

This release will expire one (1) year after the date signed.

Signature of Applicant

Date

Signature of Parent (if applicant is a minor)

Date

JASPER COUNTY SHERIFF'S OFFICE
YOUTH CADET PROGRAM

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____ do hereby authorize a member of the Jasper County Sheriff's Office, as agent(s) for the undersigned to consent to X-Ray examination, medical or surgical diagnoses or treatment and hospital care to be rendered to _____ (minor- adult) under the general supervision and upon the advice of a physician or surgeon, or to consent to an X-Ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to _____ (minor-adult) by a dentist.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL THE ABOVE MENTIONED CADET BECOMES INACTIVE IN THE JASPER COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT PROGRAM, UNLESS SOONER REVOKED BY WRITTEN NOTICE OR TERMINATION DELIVERED TO SAID AGENTS.

Cadet Signature

Date

Parent or guardian's signature if Cadet is under 18 years of age

Date

JASPER COUNTY SHERIFF'S OFFICE

RIDE ALONG PROGRAM

REQUEST FOR PARTICIPATION AND WAIVER OF LIABILITY

I, _____, a Sheriff's Cadet, hereby request that I be allowed to ride along as a passenger and/or observer in a Jasper County Sheriff's Office vehicle on regular law enforcement assignment while a registered cadet with the Sheriff's Department.

I make this request with full knowledge that law enforcement is an inherently dangerous activity, and that I am exposing myself to the risk of serious bodily harm, including but not limited to the risk of injuries resulting from the operation and use of said Sheriff's Office vehicle, and that the risk of injuries inherent in participating, even as an observer, in law enforcement activities.

I further understand that the primary duty of the Sheriff's Deputy or Deputies with whom I will be riding is law enforcement; that said duties may prevent said Deputies from making any provisions for my personal protection under many circumstances; and that neither they, the Sheriff's Office nor the County of Jasper can guarantee my personal safety.

In consideration for being allowed to ride along on patrol assignment as requested, and with full knowledge and appreciation of the risks involved, I voluntarily agree to, and do hereby assume all risks of physical harm in connection with this request. I further agree not to bring any claim or suit with respect to any injuries I may sustain against the State of Missouri, the county of Jasper, the Jasper County Sheriff's Office, or any of their officers, deputies, or employees, and I agree to hold them harmless from and indemnify them for any and all claims, demands suits and liability which might possibly arise out of my participation in this program as requested herein.

I certify that I have read this request and waiver of liability before signing it and me fully understand its contents.

Signature

Date

IF THE RIDER IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN BELOW

I/We have read and join in making the foregoing request and waiver of liability on behalf of ourselves and of our minor child whose signature appears above.

Father's Signature

Date

Mother's Signature

Date

JASPER COUNTY SHERIFF'S OFFICE
SHERIFF'S YOUTH CADET PROGRAM

PHYSICIAN'S MEDICAL WAIVER

I, _____ understand that I must be in satisfactory physical condition to perform the duties of the Jasper County Sheriff's Office Youth Cadet Program. These duties include moderate physical activities such as walking and running, entering and exiting a vehicle several times in a 12.5 hour period and occasionally standing for an extended period of time. In addition, I will be attending an in-house academy during which time I will be participating in rigorous physical activity. By signing this waiver I acknowledge that I am in adequate physical condition and have no medical limitations that would prohibit my participation in the Sheriff's Youth Cadet Program.

Cadet Signature

Date

Parent's Signature (if applicant is a minor)

Date

I, _____ M.D., am unaware of any conditions or restriction that would prohibit my patient from participating in any of the activities listed above.

Physician's Signature

Date

Physician's Address: _____

Telephone: _____

DO NOT return this form to the Sheriff's Office without a physician's signature