



**San Francisco Police Activities League
Law Enforcement Cadet Program**

**2011 PAL SUMMER CADET ACADEMY
& INTERNSHIP PROGRAM APPLICATION**

**Please consider attending an Information Session (Thursdays): March 10 or April 7
6:00pm-7:00pm at 350 Amber Drive, San Francisco, Room 100**

PAL LAW ENFORCEMENT CADET PROGRAM

The PAL Cadet Program has been in continuous operation since 1959 and has provided opportunities for growth and leadership for thousands of San Francisco youth, including many who have chosen to pursue law enforcement or public service careers.

There are three elements to the PAL Cadet Program:

- 4-week Summer Cadet Academy
- Year-round internship program at SFPD stations or bureaus (approximately 6-8 hours per month)
- Bi-weekly training and/or community service (approximately 6-8 hours per month)

The program has four goals for Cadet Participants:

- Engage in program activities centered on the five emphasis areas of the Learning for Life/Explorer program and includes: Career opportunities and job skills development; Life skills; Citizenship; Character education and Leadership experience
- Experience positive leadership from adult and youth leaders and have the opportunity to take on leadership roles.
- Have a chance to learn and grow in a fun, supportive and caring environment.
- Gain practical experience and knowledge about careers in law enforcement and public service.

SUMMER CADET ACADEMY & INTERSHIPS

The Summer Cadet Academy will accept up to 50 Cadets and provide training modeled after the basic training academy for new police recruits. The Summer Cadet Academy is designed to give PAL Cadets an enhanced hands-on job skills and leadership development experience through proper preparation and training. Graduates of the Summer Cadet Academy will be certified and subsequently offered an internship at an SFPD District Station and/or SFPD Bureau. Through these internships, PAL Cadets will have the opportunity to gain job and career skills in a structured environment supervised by police officers and will participate in police car ride-alongs, help at SFPD district station community events, and assist with SFPD station activity as requested.

ELIGIBILITY

- Age 14-20
 - Freshman year completed by June 2011.
 - Birth date no earlier than June 1, 1991.
- Must pass a background check (criminal history and driving record, if applicable.)
- Be currently enrolled as a student in a high school or college program
- Have and maintain a 2.0 GPA or higher

CRITERIA FOR SELECTION

- Meet all eligibility requirements above
- Commitment to program goals and requirements
- Personal statement and recommendations

APPLICATIONS DUE

- **Completed applications must be received (in mail or in person) at the SFPAL office no later than 5:00 pm Friday, April 22nd. (Applicants will be notified no later than May 6th.)**

MAIL OR DELIVER COMPLETED APPLICATIONS TO:

- SFPAL, Attn: Summer Cadet Academy, 350 Amber Drive #203, San Francisco, CA 94131
- Email complete application as a single pdf file to: Cadets@sfpal.org

APPLICATION CHECKLIST

CHECK TO ENSURE YOU HAVE COMPLETED and SIGNED THE FOLLOWING:

- COMPLETED APPLICATION**
- INITIALED STATEMENT OF EXPECTATIONS
- PERSONAL STATEMENT OF INTEREST
- MOST RECENT REPORT CARD/GPA
- PERSONAL HEALTH AND MEDICAL FORM (Note: 2 pages)
- FIREARMS PARTICIPATION WAIVER AND RELEASE
- EVENT PARTICIPATION WAIVER
- PARENT/GUARDIAN & PARTICIPANT APPROVAL (Note: 2 pages)
- TWO LETTERS OF RECOMMENDATION
- LEARNING FOR LIFE/EXPLORER REGISTRATION FORM (Note: 2 pages)
- ALL SIGNATURES AND INITIALS OBTAINED ON ALL FORMS**

Applicant's Initials: _____ (Initial that the checklist is complete.)

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San Francisco Police Department and San Francisco Police Activities League
SFPAL * 350 Amber Drive, #203 * San Francisco, CA * 94131 * 415-401-4666* sfpal.org * cadets@sfpal.org

PAL SUMMER CADET ACADEMY STATEMENT OF EXPECTATIONS

*(This statement **MUST be completed** by ALL Applicants)*

The SFPAL Law Enforcement Cadet program has provided youth with leadership and community service opportunities and job development skills for half a century. The Academy is modeled after a basic police academy and stresses discipline, responsibility, leadership and teamwork.

The Summer Cadet Academy is operated by SFPD and law enforcement officials. The Summer Cadet Academy's day-to-day operations are governed by an operations manual that establishes policies and procedures that include provisions for the Academy's attendance requirements, discipline, accountability, and expectations. You are required to read, understand, and abide by these policies.

Please read the following summary of expectations and initial after each paragraph:

The Academy is four weeks long. You shall arrive at the Academy in sufficient time to prepare yourself for inspection and to prepare books and equipment prior to formation. You are required to have arranged transportation to and from each session.

Initial _____

You are allowed **ONLY ONE EXCUSED** absence, **which does NOT include the first day.**

Initial _____

You will be expected to take direction from adult law enforcement officials. The staff enforces the Academy's rules and regulations and can administer discipline in accordance with the PAL Summer Cadet Academy Rules.

Initial _____

You will pay a non refundable fee of **\$100** to help cover administrative and uniform costs.

Initial _____

You will be required to be on time, pay attention in class, participate in scenarios, physical training, demonstrations, firearms training and rescue techniques. Physical training includes running, calisthenics, defensive tactics, and an obstacle course. Reasonable accommodations are made for disabilities or injuries.

Initial _____

You will be held accountable for demonstrating a mature and responsible attitude. Failure to comply with this spirit can result in your dismissal from the Academy.

Initial _____

You will agree to participate in an internship in a SFPD station or bureau upon graduation of to the 2011 Summer Cadet Academy.

Initial _____

You will be expected to complete community service hours by performing volunteer duty in SFPD stations as well as participating in the ongoing PAL Cadet Program every other Thursday from 6-9 pm throughout 2011-2012 through June 1, 2012.

Initial _____

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MOST RECENT REPORT CARD/GPA

**You must be enrolled as a student in a high school or college program.
Please attach a copy of your most recent report card.**

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Medical Information - Continued: NAME: _____

Medical History (continued)

Give details to items checked above: _____

List any medications: _____

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this post trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company _____

Policy no. _____

Personal physician _____

Telephone # (_____) _____

Section III. Parental Statement

To the best of my knowledge the information contained herein is accurate and complete. I give my express written consent for full participation in the SFPAL Law Enforcement Cadet/Learning for Life programs, subject to limitation(s) noted herein. In the event of illness or accident in the course of such activity, I request that measures be taken without delay as judgment of medical personnel dictates.

Parent or Guardian: _____ Date: _____
(must sign if applicant is under 18)

Applicant's Signature: _____ Date: _____

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FIREARMS SAFETY PARTICIPATION WAIVER

As part of the SFPAL Law Enforcement Cadet training, a course in firearms safety is offered. SFPAL and the SFPD Academy Staff feels this class is extremely important because your son or daughter will be participating in programs where they are continually around firearms. Firearms are most dangerous in the hands of individuals who are not acquainted with approved safety practices and with the consequences of abusing them.

The firearms safety course in the Academy consists of classroom familiarity on approved safety practices, firing range rules, and an explanation of how firearms work. (NOTE: Participants will NOT be firing weapons.) The course stresses the legal and moral obligations concerning firearms and is designed to increase the students' respect for firearms. Recruits will always be under the supervision of regular Police Officers trained in firearms safety.

I certify that I have read the above and:

Do **NOT** wish my son/daughter to participate in the firearms portion of this class.

Do wish my son/daughter to participate in the firearms portion of this class.

My signature will also serve as authorization for my son/daughter to possess a firearm during the above class, pursuant to the requirements of Section 12021.5 of the California Penal Code.

Signed: _____
Parent/Guardian or Participant 18 or older

Date: _____

RELEASE AND HOLD HARMLESS

I, _____, do hereby allow my son/daughter,
_____, to participate in the firearms safety training offered as part
of the Summer Cadet Academy.

This request is for participants' recreation, enjoyment and education. In so requesting, I, on behalf of myself, my heirs, executors or assigns, hereby release and hold harmless the Learning for Life and SFPAL and SFPD staff, their agents, employees, assigns and officers from any and all liabilities or damages resulting from any injury, including death, to the person of my son/daughter resulting from the use of the range and appurtenant facilities owned and operated by the City of San Francisco.

Dated this _____ day of _____, in the City of _____,
(date) (month) (year)

County of _____, State of California.

Signed: _____
Parent/Guardian or Participant 18 or older

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PARENT/GUARDIAN & PARTICIPANT APPROVAL (continued)

Approval

Parent/Guardian Signature: _____ Date _____

Relationship to Participant: _____

Participant Signature: _____

LETTERS OF RECOMMENDATION:

You must provide at least two letters of recommendation. Letters of recommendation should be from a teacher, principal, counselor, coach or supervisor where you work or volunteer.

Letters should attest to your character, your ambition and your goals.

EXPLORING YOUTH APPLICATION

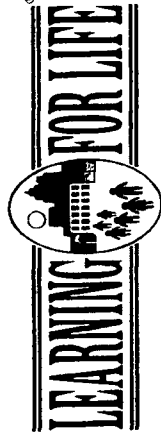
Exploring[®]

The Exploring Learning for Life career education program is for young men and women who are 14 (and have completed the eighth grade) or 15 through 20 years old.

Exploring's purpose is to provide experiences to help young people mature and become responsible and caring adults. Explorers are ready to explore the meaning of interdependence in their personal relationships.

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Explorer posts can specialize in a variety of career skills. Exploring programs are based upon five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience.



Tips for completing the Application for Exploring Youth Participant:

- Print—do not use cursive.
- Use black or dark blue ink.
- Press firmly when printing.
- Print one letter only in each box.
- Use upper-case letters and stay within the blue boxes for legibility.
- Fill in circles; do not use check marks.
- Make sure you have all needed signatures on application.
- Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7 0 3 F I R S T S T

Term per month	Youth/adult participant fee
1	.85
2	1.70
3	2.55
4	3.40
5	4.25
6	5.10
7	5.95
8	6.80
9	7.65
10	8.50
11	9.35
12	10.00

Cut along dotted line.

TEMPORARY PARTICIPANT CERTIFICATE
(Good for 60 days)
This certifies that _____
is a member of _____
Post leader signature _____
Date _____

Exploring

YOUTH

- Print—do not use cursive.
- Print one letter or number only in each box.
- Use upper-case letters and stay within the blue boxes for legibility.

Name and address information please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) J O H N
Middle name A N D R E W
Last name S M I T H
Suffix
Country U S
Mailing address 1 2 3 4 A N Y S T R E E T
City A N Y T O W N
State N Y
Zip code 1 2 3 4 5
Home phone 5 5 5 - 1 2 3 - 4 5 6 7
Date of birth (mm/dd/yyyy) 0 1 / 0 1 / 1 9 9 5
Grade 0 6
School O A K T R E E E L E M E N T A R Y

Parent/guardian information
 Mark here if address is same as above.
 Mark here if the parent/guardian is not living at the same address, complete and attach a Learning for Life adult application.
 Select relationship:
 Parent
 Grandparent
 Guardian

First name (No initials or nicknames) D E B O R A H
Middle name S U E
Last name S M I T H
Suffix
Country U S
Mailing address 1 2 3 4 A N Y S T R E E T
City A N Y T O W N
State N Y
Zip code 1 2 3 4 5
Home phone 5 5 5 - 1 2 3 - 4 5 6 7
Date of birth (mm/dd/yyyy) 0 1 / 0 1 / 1 9 7 2
Occupation
Ext. x
Business phone
Cell phone

• Make sure you have all needed signatures on application.

Parent/guardian e-mail address

A N Y P A R E N T @ A N Y E - M A I L A D D R E S S . C O M
 Signature of parent/guardian
 Date

Bill Taylor

Signature of post leader

Registration fee \$

USE BLACK OR BLUE INK ONLY.

If certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Post number
 Unit number

• Fill in radio buttons completely.

Ethnic background:
 Native American
 African American
 Caucasian/White
 Alaska Native
 Hispanic/Latino
 Pacific Islander
 Other
 Gender: Male Female

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Deborah Sue Smith

Signature of Explorer

YOUTH PARTICIPANT

Post number: **0081 SFPAL**

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)
 First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone - - / / /

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

- African American
- Native American
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Other

Gender: Male Female

UNIT COPY

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship:

Parent

Guardian

Grandparent

Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address City State Zip code

Home phone - - / / /

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

- M
- F

Business phone - - / / /

Ext.

Previous Exploring experience

Cell phone - - / / /

Parent/guardian e-mail address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post leader

Date

Signature of parent/guardian

Registration fee \$ **10.00**

Fee covered by PAL

Signature of Explorer

Retain on file for three years. 28-309