



PORTLAND POLICE BUREAU



PORTLAND POLICE BUREAU POLICE CADET PROGRAM

Requirements for Membership and Application

Portland Police Cadet Program
737 SE 106th Ave, Portland, Oregon 97216
(503) 823-4857~ fax (503) 823-7434

NOTICE TO APPLICANTS

The Portland Police Bureau's Cadet Program accepts applications year-around. If the applicant passes the background investigation, an interview will be scheduled. Once accepted into the program, applicants will begin attending meetings and will attend the Cadet Academy.

- **All Recruit Cadets are required to successfully complete the Cadet Academy.**
- **Applications must be written legibly in black or blue ink or the application will be rejected.**
- **Complete the application and return it with the signature forms. If the application is incomplete or the signature forms are not included, the application will be rejected.**

Take or mail applications to:

Portland Police Bureau
Cadet Coordinator
737 SE 106th Ave
Portland, OR 97216

Additional information on: joinportlandpolice.com

MEMBERSHIP REQUIREMENTS

AGE: The Portland Police Cadet Program is open to all persons interested in law enforcement between the ages 16 and 20.

1. Applications will be accepted for anyone who will be 16 year old by June 15th.
2. You must have parental approval if you are under the age of 18.
3. You must be willing to work to continually improve the Cadet Program.
4. You must understand and be willing to obey all program rules and regulations, including the Cadet Manual and the Portland Police Bureau's Policy and Procedure Manual.
5. You must demonstrate professional demeanor and remain in good standing at all times.

SCHOOL: Applicants are required to be enrolled in high school, or possess a high school diploma, a G.E.D., or equivalent. Members are required to maintain a grade point average of 2.0 with no failures.

BACKGROUND: Applicants will be required to pass an oral interview given by the cadet advisor and staff members.

The Portland Police Bureau will conduct a complete criminal and driving record investigation on each applicant.

Those applicants, who have any criminal convictions, whether arrest or citation, or a poor driving record, may be disqualified.

APPLICATIONS: Applications are available year around and can be obtained from the Cadet Coordinator, Cadet Advisors, or it can be downloaded from the Cadet web site located at joinportlandpolice.com.

MEETINGS: Meetings are held every Saturday or Sunday, depending on the precinct post schedule. Meetings are mandatory.

TRAINING: Cadets must complete a training phase before being allowed to ride on patrol with a regular officer. Cadets must complete the Cadet Academy, 30 hours of ride-a-longs with a Cadet Advisor, 30 hours of details, and pass a test in order to complete probation.

CHECK OFF LIST

Make sure you attach the following things to your application

- Fingerprint/Photograph form
- Non-disclosure form
- Vehicle Operation/Insurance policy
- Informed Consent/Hold Harmless Waiver
- Personal History Waiver
- High School transcripts (recent copy of grades)
- Copy of graduation certificate/G.E.D
- Copy of Drivers License or ID card
- Copy of Alien Resident card (for non US citizens)
- 250 word essay



**PORTLAND POLICE BUREAU
LAW ENFORCEMENT CADET APPLICATION**

INSTRUCTIONS

Fill out this application completely. All statements in your application are subject to verification. Incorrect statements may bar or remove you from consideration for membership. If the space provided is inadequate, add another page and identify additional information by item number. Print in black or blue ink.

PERSONAL INFORMATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

AGE: _____ BIRTHDATE: _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE: _____

WHAT OTHER STATES HAVE YOU HAD A DRIVERS LICENSE? _____

HAVE YOU TAKEN DRIVERS ED? _____ WHEN AND WHERE? _____

SOCIAL SECURITY NUMBER: _____ PLACE OF BIRTH _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

HAIR COLOR: _____ CITIZENSHIP: _____

RACE: (Optional) _____

MYSFACE URL:

FACEBOOK URL:

PRECINCT DESIRED East, or North.

Meetings take place at the following locations:

EAST
737 SE 106TH
PORTLAND, OR 97216

NORTHWEST
449 NE EMERSON
PORTLAND, OR 97211

Reason for choosing desired precinct? _____

WORK INFORMATION

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
DATE OF EMPLOYMENT: _____
YOUR PRIMARY DUTIES: _____
MAY WE CONTACT THIS EMPLOYER? _____ IF NO, WHY: _____

IN THE SPACE BELOW, LIST ALL JOBS YOU HAVE HELD IN THE PAST.

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

PARENT/GAURDIAN INFORMATION (Include Step-Parents)

FULL NAME: _____
RELATIONSHIP: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____
DOES THIS PARENT RESIDE WITH YOU? _____ IF NO, WHY? _____

FULL NAME: _____
RELATIONSHIP: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____
DOES THIS PARENT RESIDE WITH YOU? _____ IF NO, WHY? _____

FULL NAME: _____
RELATIONSHIP: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____
DOES THIS PARENT RESIDE WITH YOU? _____ IF NO, WHY? _____

FULL NAME: _____
RELATIONSHIP: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____
DOES THIS PARENT RESIDE WITH YOU? _____ IF NO, WHY? _____

SIBLING INFORMATION (List brothers, sisters, step-brothers, step-sisters)

FULL NAME: _____ DOB: _____
RELATIONSHIP: _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____
RELATIONSHIP: _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

RESIDENCES

List the last 5 addresses where you have lived. Start with your current address.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIVED HERE FROM (MONTH & YEAR) _____ TO _____

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIVED HERE FROM (MONTH & YEAR) _____ TO _____

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIVED HERE FROM (MONTH & YEAR) _____ TO _____

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIVED HERE FROM (MONTH & YEAR) _____ TO _____

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIVED HERE FROM (MONTH & YEAR) _____ TO _____

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

EDUCATION/SCHOOL INFORMATION

List all schools you have attended. Use separate sheet of paper if needed.

HIGH SCHOOL GRADUATE? YES NO YEAR GRADUATED: _____

HIGH SCHOOL? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

G.E.D.? YES NO YEAR COMPLETED: _____

WHERE FROM: _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

CURRENTLY ATTENDING HIGH SCHOOL? YES NO

HIGH SCHOOL? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

WHAT GRADE: _____ YEAR TO GRADUATE _____

CURRENT GPA _____ (Attach copy of current grades to application)

ATTENDING COLLEGE? YES NO

COLLEGE? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

CURRENT GPA _____ (Attach copy of current transcripts to application)

MAJOR: _____

ATTENDANCE AT MORE THAN ONE HIGH SCHOOL?

HIGH SCHOOL? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

YEARS ATTENDED? _____

REASON FOR CHANGING SCHOOLS: _____

POLICE CONTACT

IF YOU HAVE EVER BEEN ARRESTED, HELD ON SUSPICION, DETAINED, QUESTIONED OR FINGERPRINTED BY ANY POLICE, SECURITY OR JUVENILE AUTHORITY? PROVIDE THE FOLLOWING INFORMATION:

DATE: _____
CHARGE: _____
DETAINING OR ARRESTING AGENCY: _____
ADDRESS: _____ ZIP: _____
PHONE NUMBER: _____
DISPOSITION: _____

DATE: _____
CHARGE: _____
DETAINING OR ARRESTING AGENCY: _____
ADDRESS: _____ ZIP: _____
PHONE NUMBER: _____
DISPOSITION: _____

DATE: _____
CHARGE: _____
DETAINING OR ARRESTING AGENCY: _____
ADDRESS: _____ ZIP: _____
PHONE NUMBER: _____
DISPOSITION: _____

DATE: _____
CHARGE: _____
DETAINING OR ARRESTING AGENCY: _____
ADDRESS: _____ ZIP: _____
PHONE NUMBER: _____
DISPOSITION: _____

ON A SEPARATE PIECE OF PAPER, BEGINNING WITH THE MOST RECENT CASE, WRITE AN ACCOUNT OF EACH INCIDENT LISTED ABOVE. YOUR APPLICATION WILL BE REJECTED IF YOU FAIL TO DO THIS.

DRIVING RECORD

DO YOU HAVE AN OREGON DRIVER LICENSE OR OREGON IDENTIFICATION CARD?

YES NO NUMBER: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

VEHICLE CRASH HISTORY:

DATE: _____

LOCATION: _____

INVESTIGATING AGENCY: _____

CASE NUMBER: _____

DATE: _____

LOCATION: _____

INVESTIGATING AGENCY: _____

CASE NUMBER: _____

TRAFFIC CITATIONS AND WARNINGS:

DATE	CHARGE	AGENCY	DISPOSITION
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Provide written explanation for each citation or warning.

PERSONAL REFERENCES

LIST THE NAMES OF FOUR REFERENCES OVER 21 YEARS OF AGE THAT ARE NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR SUPERVISORS.

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

QUESTIONNAIRE

1. List all organizations, clubs, and associations of which you are a member or have been a member.

2. Summarize any training, experience, or special qualifications that will help you as a Cadet.

3. Write a 250 word essay on why you want to join the Portland Police Cadet Program and what you would like to learn as a Cadet. (Use additional sheet of paper, if necessary).



CITY OF PORTLAND, OREGON



Bureau of Police

Dan Saltzman, Police Commissioner

Rosanne M. Sizer, Chief of Police

1111 S.W. 2nd Avenue • Portland, OR 97204 • Phone: 503-823-0000 • Fax: 503-823-0342

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SIGNATURE

I hereby swear or affirm that there are no willful misrepresentations, or omissions in, or falsifications of, the preceding statements and answers. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions in any documents I submit or statements I make as part of this process, my application for participation as a volunteer with the Portland Police Cadet Program may be rejected. I have read and understand the Vehicle Operation / Insurance Policy Statement for Volunteers.

I understand this application is not to be considered an indication of probable appointment nor an obligation on the Police Bureau to make an appointment, but is a part of the selection process only.

Signature of Applicant

Parental Signature (if under 18)



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Statement of Personal History

TO WHOM IT MAY CONCERN:

I am an applicant for the position of Police Cadet with the City of Portland Police Bureau. State Law mandates the completion of a background investigation to determine if I possess the requisite personal and moral fitness to serve in this capacity.

I hereby authorize and direct you, your organization, its officers, agents, assigns and employees to release any and all information which you may possess about me for purposes of evaluating me for suitability as a Police Cadet with the Portland Police Bureau. This includes information which may be deemed confidential, privileged and/or derogatory in nature, including, but not limited to: employment information, official employment documents, employment performance data, internal investigations, discipline, including information which may, as a result of any agreement between the undersigned and your organization, have been sealed; character reference information; background investigations; educational records and transcripts; credit and financial records; and local criminal history information pursuant to State Law.

I hereby exonerate, release and discharge you, your organization, its officers, agents, assigns and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I specifically waive any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will remain completely confidential. You may retain a copy of this form for your files.

Signature of Applicant

Printed name of Applicant

Signature Parent (*if under 18*)

Printed name of Parent



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NON-DISCLOSURE AGREEMENT

I understand that:

1. As a result of my volunteering with the Portland Police Bureau and my association with the Police Bureau, I may be the recipient of information which, in itself or by implication, is confidential or sensitive. This confidential information may include information contained in law enforcement data systems, manual or automated, and accessed by the Portland Police Bureau.
2. I will be responsible for not disclosing such information by any means except in accordance with PORTLAND POLICE BUREAU regulations. I am responsible for the safekeeping of such information, documents, and material in the facilities and in the manner approved by the PORTLAND POLICE BUREAU and for the handling of such information, material and documents so as to prevent their disclosure to unauthorized persons.
3. I have a personal and individual responsibility for the protection of all such information, documents and material in my possession no matter how acquired.
4. After termination of my volunteer status, I am not to disclose to anyone any confidential or sensitive information, documents or material of any kind obtained by me as a result of my volunteering with the Police Bureau without the authorization of the Chief of Police.
5. I have not been convicted of a felony, and have not and will not be involved in serious criminal activity. I will not associate with persons having a criminal history during my period of being a volunteer with the Police Bureau, as stated in the Manual of Policy and Procedure, section 313.70.
6. If a breach of any provision of this agreement occurs, it may result in disciplinary action, if appropriate, by the PORTLAND POLICE BUREAU Chief of Police.

I am aware that the signing of the Non-Disclosure Agreement is a condition of my participation as a volunteer with the Police Bureau as required by the Administrative Procedures Act ORS Chapter 183.

Print Name

Signature

Date

Cadet Advisor

Date



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Volunteer Informed Consent/Release and Hold Harmless Waiver Ensuring Confidentiality of Background Investigation

I acknowledge the public needs individuals volunteering services and applying for access to police facilities and information services to demonstrate their suitability to access police facilities and to volunteer their services. I further recognize that the Portland Police Bureau has an obligation to ensure public safety and protect police property, equipment and records. I acknowledge the burden of proof of my fitness falls upon me.

I understand that I am authorizing an investigation into aspects of my personal life to determine my fitness to access police facilities and be associated with the Portland Police Bureau. This investigation may include contacting persons and/or organizations that have information relating to my suitability. I also understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be interwoven with other confidential information to which I would otherwise not be privy. Therefore, I exonerate, release and discharge the City of Portland, the Police Bureau, their officers, agents or assigns, now and in the future, from any claims or damage, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this volunteer screening investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been a matter of public record, or would otherwise be accessible to me when this information is interwoven with other confidential information to which I would otherwise not be privy and is now the basis for my disqualification.

I hereby knowingly, voluntarily, and specifically, waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, civil service appeal, grievance, or by legal process.

Signature of applicant

Printed name of applicant

Signature of parent

Printed name of parent (*if under 18 yrs*)

Date



Portland Police Bureau Cadet Program

Voluntary Consent Authorizing Fingerprinting/Photographing of a Juvenile

I, _____, hereby consent and authorize the Portland
(Parent or Guardian)
 Police Bureau to take the fingerprints and photograph _____
(Cadet Applicant)
 for the purpose of processing the applicant's request to become a Portland Police Cadet.

Dated this _____ day of _____, 20_____.

Signature of parent or guardian is required.

(Signature of Juvenile/Cadet Applicant)

(Printed Name of Juvenile/Cadet Applicant)

(Signature of Parent/Guardian)

(Printed Name of Parent Guardian)

(Cadet Advisor)

(Precinct)



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As a volunteer, you are not covered by the City of Portland's Worker Compensation program. You are, therefore, urged to have your own health insurance in the event you are injured while performing volunteer activities.

You are covered by the City's General Liability Fund, which will protect you in the event of property damage or accidental injury to the public as a result of your performance of volunteer duties assigned by the Portland Police Bureau.

In addition, should you be asked to drive a City of Portland vehicle as a part of your volunteer duties, you will be covered for property damage or bodily injury to others resulting from a vehicle accident. Again, you should have your own health insurance to cover any injuries to yourself.

If you drive your own vehicle to perform your assigned volunteer duties, the above coverage applies; however, the City of Portland will not be responsible for any damage to your vehicle, and you must carry your own auto insurance for this purpose. The program will make an automatic check of your driver license number with the Oregon Department of Motor Vehicles in order to verify its validity prior to allowing you to drive as a part of your duties volunteering for the Portland Police Bureau.

Signature of Cadet

Date

Signature of Parent or Guardian
(If under 18)

Date