

## RALEIGH POLICE DEPARTMENT PUBLIC SAFETY CADET PROGRAM

## Application for Membership

ruii Name:		Race: Sex	:D	o.O.B	
Address:		City:	Zip:		
Home Phone#:	Cell #:	Em	ail:		
School Now Attending:		School Address:			
School Phone #:	_ High School Grad	le:	College:		
School Grade Point Average (GPA):_	S	chool Resource Officer:			
Resource Officer Signature:					
Do you plan to continue your educati	on after High School?	Yes No	Major:		
Career Objective:					
Place of Employment:					
NC Driver ID #:	Shirt Size:	Pants Size:		Shoe Size:	
Reason for joining:					
Parents name(s) & address:					
Parent Cell Phone#		Parent Work#			
Parent Email Address:					
References: (Must List 3 Non F	Samily Members)				
1					
Name	Phone	Email		Rei	lationship
2	Phone	Email		D <sub>o</sub> l	ationship
3·	Phone	Eman		Rei	ationship
Name	Phone	Email		Rel	ationship
Applicant Signature:			Date:		
Parent/Guardian Signature:			Date:		
				_	
Witness:(Print name)		Agency:		Date:	
,		Code #		Date	
Signature:		Code #		_ Date:	