



# CADET LEADERSHIP PROGRAM

## APPLICATION PACKET

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LOS ANGELES POLICE DEPARTMENT

# LOS ANGELES POLICE DEPARTMENT

**MICHEL R. MOORE**  
Chief of Police



**KAREN BASS**  
Mayor

P.O. Box 30158  
Los Angeles, CA 90030  
Telephone: (213) 486-8590  
TTY: (877) 275-5273  
Ref #:

Dear Applicant, Parent, and/or Guardian:

Thank you for your interest in the Los Angeles Police Department's (LAPD) Cadet Leadership Program. The Cadet Leadership Program is the LAPD's signature youth program, designed to empower society's youth, families, and communities. All features of the Cadet Leadership Program are designed to emphasize its four cornerstones: leadership, academic excellence, ethical and wise decision making, and community service.

To achieve the "Cadet" rank, one must first complete the four-month Cadet Leadership Academy (Academy) as a "Cadet Recruit." The Academy represents the preparatory phase of one's future role as an LAPD Cadet. During the Academy, candidates will participate in a wide range of academic courses including topics related to law enforcement, leadership development, physical fitness conditioning, and drill exercises. All coursework is taught by sworn and civilian members of the LAPD in a safe, welcoming, and inclusive environment. Law enforcement-related components are introduced to provide candidates with a clear understanding of the policing profession, while reducing the anxieties associated with police contacts. Candidates will learn about the importance of positive police-community relationships to illustrate the role that our youth can play as leaders with the power to impact public safety in the community.

Cadet candidates will have the opportunity to perform non-hazardous police functions at police stations and within the community, volunteer at community events, and take part in social events. Ultimately, our goal is to help youth develop the life skills necessary to achieve success in the future. I wish you all the best as you join our family and begin your journey as an LAPD Cadet.

Respectfully,

**MICHEL R. MOORE**  
Chief of Police

A handwritten signature in black ink, appearing to read "Billy B. Brockway".

**BILLY B. BROCKWAY**, Commander  
Department Homeless Coordinator  
Office of Operations

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**  
[www.LAPDonline.org](http://www.LAPDonline.org)  
[www.joinLAPD.com](http://www.joinLAPD.com)

\_\_\_\_\_  
Cadet Applicant Last Name

\_\_\_\_\_  
Cadet Applicant First Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Division of Assignment

## CADET APPLICATION CHECKLIST

- Application (Page 1)
- Medical Form (page 2)
- Physical (page3)
- Preliminary Background Assessment (page 4)
- Legal and Signature Page (page 5)
- Grooming & Appearance Standards Acknowledgement (page 6)
- Report Card (Applicable only for Minors)
- Immunization Card

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\_\_\_\_\_  
Community Relations Officer -In-Charge Signature (OIC)

\_\_\_\_\_  
Serial Number

\_\_\_\_\_  
Youth Service Officer (YSO)

\_\_\_\_\_  
Serial Number

\_\_\_\_\_  
Signature Of YSO

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**[This portion to be completed by Youth Programs Unit Only]**

**This section is to be signed by the YPU Officer approving or denying application following review.**

Application Complete

Application Incomplete

\_\_\_\_\_  
Youth Programs Unit (YPU) Officer

\_\_\_\_\_  
Serial Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of YPU Officer



# LOS ANGELES POLICE DEPARTMENT APPLICATION – POLICE CADET LEADERSHIP PROGRAM

Date \_\_\_\_\_  Male  Female  Non-Binary \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade:  7  8  9  10  11  12  Grad

Ethnicity:  Black  Asian/Pacific Islander  American Indian  
 Hispanic  Caucasian  Filipino Other: \_\_\_\_\_

Shirt / Pants Size:  Extra Small  Small  Medium  Large  Extra Large  Extra-Extra Large

*Note:* Uniform size will apply to both top (shirt) and bottom (pants). No mixing of sizes

How did you hear about the LAPD Cadet Program?

Television/Radio  Internet  Friend  Police Officer  School  Flyer  
 Other: \_\_\_\_\_

In the past, have you participated in any LAPD-sponsored youth programs (e.g., Junior Cadets, PAL, Jeopardy, Juvenile Impact Program, Community Safety Partnerships, etc.)? If yes, list the program and location the program was hosted?

\_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Email address \_\_\_\_\_

## ASSIGNMENT (CADET POST LOCATION)

\_\_\_\_\_ Area/Division \_\_\_\_\_ Youth Services Officer Name \_\_\_\_\_

Reporting District <i>Completed by YSO</i>
School GPA <i>Completed by YSO</i>

**SCHOOL BACKGROUND:**

All program participants currently enrolled in middle or high school must maintain a **minimum of a 2.0** grade point average (GPA). A **report card shall be attached** to this application in order for candidates to be considered for the program. If the most recent report card is unavailable then a school counselor, teacher, or other school official can write a recommendation, which will be attached to this application, along with verification of the applicant's current GPA.

**CADET LEADERSHIP ACADEMY ATTENDANCE POLICY:**

To achieve the "Cadet" rank, applicants must first complete the four-month Cadet Leadership Academy (Academy) as a "Cadet Recruit." The Academy represents the preparatory phase of one's future role as an LAPD Cadet. During the Academy, recruits will participate in a wide range of academic courses including topics related to law enforcement, leadership development, physical fitness conditioning, and drill exercises. If a Cadet Recruit must miss any hours of instruction, approval from the Youth Services Officer must be obtained. If excessive hours of instruction are missed the Cadet Recruit may not be allowed to graduate from the current academy class. This in no way removes the Cadet Recruit from the Cadet Program; the Cadet Recruit will still be encouraged to attend weekly meetings at his or her Cadet Post, as well as return for the next Academy.

**PARENT / CADET AGREEMENT:**

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Cadet Leadership Program. I understand that **appointment as a volunteer is an "at will" status**; and that the City of Los Angeles, acting through its Police Department, is free to discharge me without cause and I am free to discontinue participation in the program at any time. The parent/guardian gives permission to the Cadet Applicant, under the age of 18, to participate in the LAPD's Cadet Leadership Program. The parent/guardian, as well as the Cadet Applicant 18 years of age or older, understands the importance of providing accurate medical information, certifies that all information provided is accurate, and acknowledges that there are no physical limitations that would prevent the Cadet Applicant from participating in all aspects of the Cadet Leadership Program. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian listed above.

**MEDICAL FORM**

**ALLERGIES:** medications, food, plants, insect bites, etc.,

Explain: \_\_\_\_\_

**MEDICAL HISTORY:** Do you currently have or have you ever had?

- |                                  |  |                                     |  |                      |  |
|----------------------------------|--|-------------------------------------|--|----------------------|--|
| Asthma:                          | <input type="checkbox"/> YES <input type="checkbox"/> NO | Convulsions / Seizures:             | <input type="checkbox"/> YES <input type="checkbox"/> NO | Heart Trouble:       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Cancer:                          | <input type="checkbox"/> YES <input type="checkbox"/> NO | High Blood Pressure:                | <input type="checkbox"/> YES <input type="checkbox"/> NO | Diabetes:            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Hemophilia:                      | <input type="checkbox"/> YES <input type="checkbox"/> NO | Kidney Disease:                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | Learning Disability: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Diagnosed with a Mental Illness: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Placed on a Mental Evaluation Hold: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Physical Disability: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If the Cadet Applicant has been diagnosed with a Mental Illness, what was the diagnosis? \_\_\_\_\_

If the Cadet Applicant was placed on a Mental Evaluation Hold, what was the hold for, and when? \_\_\_\_\_

If the Cadet Applicant has a Learning Disability, what is the disability? \_\_\_\_\_

If the Cadet Applicant has a Physical Disability, what is the disability? \_\_\_\_\_

Does the Cadet Applicant have an Individualized Education Program (IEP) or 504 Plan? \_\_\_\_\_  
Explain all other "yes" answers: \_\_\_\_\_

**MEDICATIONS:** (List all prescription medications that you take regularly) \_\_\_\_\_

**IMMUNIZATIONS:** (Date of last inoculation) \_\_\_\_\_

- |              |       |                 |       |          |       |
|--------------|-------|-----------------|-------|----------|-------|
| Chicken Pox: | _____ | Mumps:          | _____ | Polio:   | _____ |
| Diphtheria:  | _____ | Hepatitis B:    | _____ | Measles: | _____ |
| Pertussis:   | _____ | Tetanus Toxoid: | _____ | Rubella: | _____ |

**HEALTH INSURANCE:**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

_____	_____	_____	_____
Address	City	State	Zip Code

Cadet Applicant Last Name

Cadet Applicant First Name

Cadet Applicant DOB

**PHYSICIAN OR LICENSED HEALTH CARE PRACTITIONER EVALUATION**

A medical examination conducted by a physician or licensed health-care practitioner is required for participation in all Cadet Leadership Program activities. I certify that I am a physician or licensed health-care practitioner and this Cadet Applicant is healthy enough to participate in strenuous exercise each day, and for over an hour and a half in duration, to include the following movements but not limited to:

**Physical Fitness Qualification** (The Physical Fitness Qualification involves the following three physical activities):

- **1 mile run for time:** Recruits will complete the run as fast as possible, but within their physical limitations.
- **Push-ups:** As many repetitions as possible in one minute.
- **Sit-ups:** As many repetitions as possible in one minute.

During regular physical fitness training sessions, the exercises listed below will be performed after an initial warm-up. Some exercises may be excluded due to time constraints or substituted with other physical activities. The level of intensity & duration is dependent upon current weather conditions, since most training sessions will occur outdoors. All participants are expected to try their best during exercises, but at no time are they instructed or encouraged to push themselves beyond what is reasonable or practical.

- **Running:** To include running or jogging in place, running or sprints on different surfaces, and/or team relay races.
- **Body Weight Exercises:** Participants will perform multiple body weight exercises including but not limited to push-ups, burpies, planks, bridges, squats, and lunges.
- **Sit-Ups:** To include all variations, as well as leg lifts.
- **Pull-Ups:** Due to the difficulty of this exercise participants will only be expected to complete as many repetitions as possible.
- **Jumping:** Participants will perform jumping jacks, side saddle hops, side steps, skaters, and may climb over a 6-foot wall or fence.
- **Agility Drills:** Lateral movements (movements from side to side and front to back).

**Based upon my examination of this patient, I recommend the following restrictions or limitations:**

Note: All restrictions and/or limitations shall be completed legibly. Failure to do so could result in the Cadet Applicant's denial of entry into the Cadet Leadership Program.

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**Physician Name:**

Printed Name

**Physician Business Address:**

Printed Address

**Physician Contact Phone:**

**Physician Signature:**

Place Physician's Stamp Here



**MUST**

Have Physician's Signature & Physician's Stamp



## PRELIMINARY BACKGROUND ASSESSMENT:

The LAPD conducts a thorough background assessment of all Cadet Applicants as part of a screening process to ensure that individuals participating in the Cadet Leadership Program are worthy of the position afforded to them. This application is part of that process. Please carefully answer the questions asked of you as honestly and accurately as you can. The information you provide will be checked with other sources and with other individuals. If it is determined that the information you have provided is false, inaccurate, or incomplete, you may be disqualified from the Cadet Leadership Program at any time for displaying dishonesty and/or deception during the background process.

1. Have you ever been arrested or convicted of a misdemeanor offense as a juvenile or as an adult?

Yes     No

2. Have you ever been arrested or convicted of a felony offense as a juvenile or as an adult?

Yes     No

3. Have you ever been detained by a law enforcement officer for any reason?

Yes     No

If yes, please explain the circumstances and outcome of the detention.

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4. Why do you want to become an LAPD Cadet?

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5. What are your goals, both short-term and long-term?

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6. Do you have any hobbies or extra-curricular activities that you participate in?

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7. Have you ever used any illegal drugs?

Yes     No

If you have used illegal drugs, list what you used, the last time, and the reasons why you used them.

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8. Do you tag graffiti on property not your own and without permission, whether or not an expression of art?

Yes     No

9. What is your opinion of being in a "tagging crew?"

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10. What do you think of individuals that are involved with street gangs?

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11. If we were to speak to your teacher or school counselor how would they describe you as a student?

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12. How would you perform under mental or physical stress?

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**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS**

In consideration of the City of Los Angeles ("City") acting through its Police Department granting my minor child permission to participate in the Police Cadet Program (hereinafter "Cadet Program"). I, as the parent or legal guardian of the applicant, a minor (the "Minor"), hereby expressly give my consent for such participation. On behalf of myself and Minor, I hereby release, acquit and forever discharge the City and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which the undersigned and Minor may have against the City, whether known or unknown, which result from, arise from, or are related in any way to Minor's participation in the Cadet Program or any activities or events related thereto; or I, 18 years of age and older, the undersigned also hereby release the same. I hereby agree to indemnify and hold harmless the City from and against any and all claims which result from, arise from, or are related in any way to Minor's participation in the Cadet Program excluding only claims that are attributable to the gross negligence or willful misconduct of the City.

Should it be necessary for my minor child to have emergency medical care while participating in the Cadet Program, I hereby give City personnel my permission to use their judgment in obtaining care for my minor child and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered to said minor or adult. I understand that the City is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. On behalf of myself and of Minor, I expressly waive the rights given by Section 1542 of the Civil Code of California which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." I warrant that I understand the content of the foregoing authorization, release, and indemnity. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

For those 18 years of age and older, I represent that I am at least 18 years of age and that I have carefully read this document. I warrant that I understand the content of the foregoing authorization, release and indemnity. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

**PARENTAL WAIVER FOR CONSENT FOR PHOTOGRAPHS**

I, the undersigned parent or legal guardian of the applicant, a minor child assigned to the Cadet Program, do hereby consent to my child being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Los Angeles Police Department Cadet Program; or, I, a Cadet 18 years of age and older, do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Los Angeles Police Department Cadet Program. I also give my consent for the Los Angeles Police Department, including any Division or unit therein to use the photographs taken of my child to develop brochures, posters, displays, or other items for Cadet recruitment purposes. I further authorize the use and display of the photographs during other Department sponsored promotional activities. I hereby expressly waive all claims for compensation and release the Los Angeles Police Department and the City of Los Angeles from any and all liability which may arise as a result of my child being photographed while participating in the Cadet Program, and for the subsequent use and display of the photographs. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. The Department retains the right to use the aforementioned photographs for the purposes stated herein, whether or not the minor continues to be involved in the Cadet Program, absent written revocation of consent by the parent/guardian.

**VOLUNTEER INSURANCE SUMMARY**

The Mayor's Volunteer Corps provides limited accidental death, dismemberment, and accident medical insurance for all City Volunteers through One Beacon Insurance. This specialty insurance coverage provides protection for individuals who volunteer their time in service to the City and applies only if the volunteer has no insurance available or acts as a supplemental to any other insurance available to the volunteer at the time of an incident requiring medical treatment. Further, this coverage protects Cadets against certain injuries resulting from a covered accident sustained while performing their duties in the scope of an authorized volunteer assignment, or during volunteer training sessions and under the direction of the City (acting through its Police Department), subject to certain limitations. **Note: Medical expenses related to the following are not covered: any pre-existing conditions; and any injuries sustained during extracurricular or recreational activities such as off-site field trips, picnics, dances, banquets, etc.**

**Accidental Death and Dismemberment:** A maximum benefit of \$25,000 is available. **Accident Medical Expense:** A maximum benefit of \$25,000, per occurrence, for medical treatment related to most injuries suffered while participating in volunteer activities. **Accident Reporting Procedure:** In the event of an injury, Cadets have the responsibility to immediately notify their Cadet Post Advisor or supervisor of the incident. If for some reason this is not possible, the injury shall be reported within 24 hours of the next City work day, at which time the advisor or supervisor will direct the volunteer on proper reporting procedures. Source Document: City of Los Angeles Volunteer Insurance Policy Summary

**PRELIMINARY BACKGROUND ASSESSMENT**

If the Cadet Applicant certifies that the answers they have given on the above questionnaire are true, complete and correct to the best of their knowledge and that they have not evaded or omitted any part thereof to reflect an untruth listed herein, then they understand that falsification constitutes ground for termination from the Los Angeles Police Department Cadet Program.

By signing below, all Cadet Applicants, Parents, Guardians, Community Relations Officer-in-Charge and Youth Services Officers have read, understand, and agree to all conditions listed herein.

\_\_\_\_\_  
*Cadet Applicant Signature*

\_\_\_\_\_  
*Cadet Applicant Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent / Guardian Signature*

\_\_\_\_\_  
*Parent / Guardian Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Youth Services Officer Signature*

\_\_\_\_\_  
*Youth Services Officer Printed Name*

\_\_\_\_\_  
*Date*





# Los Angeles Police Department Cadet and Recruit Cadet Grooming and Appearance Standards



## **PERSONAL APPEARANCE – GENERAL**

Cadets and recruit cadets (recruits) shall always maintain a neat and clean appearance. The following guidelines apply to both cadets and recruits unless otherwise noted.

## **ORNAMENTATION**

Uniformed cadets and recruits shall not wear any unauthorized ornamentation such as earrings, necklaces, bracelets, or large conspicuous rings (unless a religious article). Additionally, uniformed cadets and recruits shall refrain from wearing any non-visible affixed ornamentation on any body part (bellybutton rings, etc.) while participating in any cadet-related activities.

## **WATCHES**

Wearing a watch is one way to establish good habits by fostering time-management skills and promptness. Therefore, cadet and recruits are encouraged to wear a watch. The watch face shall not extend beyond the width of the wrist, while the color of the watch may be black or any solid color that compliments the uniform. Youth Services Officers (YSOs) will maintain ultimate authority to determine if a watch meets appropriate standards.

## **FINGERNAILS**

Cadets' fingernails shall not extend more than 1/4 of an inch from the tip of the finger or interfere with the safe performance of their duties. Uniformed cadets wearing fingernail polish shall use a conservative shade, without decals or ornamentation, and fingernails shall not detract from the uniform appearance. The concerned YSO shall determine the appropriate and suitable shades of fingernail polish.

**Note:** To minimize the potential for injury to participants, recruit fingernails shall be kept short and clean. Fingernail decals or ornamentation are prohibited. Further, recruits may only wear clear nail polish.

## **TATTOOS**

Tattoos shall be covered and not visible while participating in the Cadet Program. Department uniformed and non-uniformed cadets, while on-duty, shall not display any tattoos and/or branding. Cadets shall cover all tattoos/branding by wearing an authorized long-sleeved uniform shirt if in uniform or if wearing business attire, the business attire shall cover all tattoos. If a cadet has only one tattooed/branded area of a three-inch square or less to cover, the cadet may, instead of wearing a long-sleeved shirt, cover that area with a single skin patch, of a color as close to the wearer's skin color as is reasonably available, up to a three-inch square. If the tattoo/branding area is more than can be covered by a three-inch square skin patch, the cadet must wear the long-sleeved uniform shirt or business attire, as appropriate for the assignment. The intent is that no tattoo/branding area remains visible during cadet-related activities and that no more than a single three-inch square skin patch is visible.

### **SIDEBURNS**

Sideburns shall not extend beyond a point even with the bottom of the ear lobe and shall extend in a clean-shaven, horizontal line. The flare (terminal portion of the sideburn) shall not exceed the width of the main portion of the sideburn by more than one fourth of the unflared width. The sideburn shall be trimmed and neat in appearance.

### **FACIAL HAIR**

Cadets may display a short and neatly trimmed mustache of natural color. Mustaches shall not extend below the vermilion border of the upper lip or the corners of the mouth and may not extend to the side more than one-half inch beyond the corners of the mouth. At all times, cadets shall be clean-shaven except for sideburns and mustaches.

**Note:** Recruits shall be clean shaven prior to the start of watch, thus facial hair is not allowed.

Beards are not allowed while participating in the Cadet Program; however, growth of facial hair may be permitted for medical or religious purposes only (to include recruits participating in the Cadet Leadership Academy).

### **EYEWEAR AND SUNGLASSES**

Prescription and non-prescription sunglasses worn by cadets shall be conservative in style and professional in appearance. Plastic or composite frames shall be a dark color and free of ornamentation. The temple width shall be no wider than one-half inch and in no case, obstruct peripheral vision. Wire frames are acceptable in black, gold, or silver color. The lenses shall be dark shades of gray, green, or brown. Gradient (light sensitive) lenses are acceptable; however, the lenses must return to a neutral color when not in sunlight. Designer lenses of color such as pink, blue, and yellow are not acceptable. Silver-coated or reflective lenses are not acceptable. Sunglasses may not be worn at night, indoors, or in darkened areas. Cadets may utilize a plain black corded leash on their sunglasses.

**Note:** Recruits shall not wear sunglasses during Academy training, unless they possess a valid prescription.

For additional information please refer to the Department's Youth Programs Manual, Volume II, Chapter 6.

### **HAIR STANDARDS – GENERAL**

While on-duty, all cadets (to include recruits) shall keep their hair neat, clean, well groomed, and consistent with a natural hair color. A cadet's overall appearance must conform to the Department's general hair standards. There may be medical or personal reasons wherein cadets may need to use wigs or hairpieces and should be authorized to wear them, including recruits participating in the Cadet Leadership Academy.

### **MALE CADETS**

On-duty uniformed cadets shall keep their hair properly trimmed. The hair shall be at least moderately tapered, not extend below the top of the shirt collar or cover any portion of the ear, nor interfere with the proper wearing of the uniform hat (if worn). Further, hair shall be maintained so as not to interfere with vision.

### **MALE RECRUITS**

Male recruits shall keep their hair properly trimmed. The hair shall be at least moderately tapered, with a barbershop clip No. 3 on top and a No. 1 on the sides. Further, hair shall be maintained and haircuts shall be kept fresh in appearance and free of any defined lines.



### **FEMALE CADETS AND RECRUITS**

On-duty uniformed female cadets shall arrange their hair so that it does not extend below the bottom edge of the shirt collar nor interfere with the proper wearing of the uniform hat (if worn). Further, hair shall be arranged so as not to interfere with vision. On-duty uniformed female cadets shall not arrange their hair in a ponytail hairstyle. If the hair extends beyond the bottom edge of the collar, the hair shall be pulled back into a tightly wound bun with an optional part on either side of the head. Female cadets shall only wear hair restraints that match the color of their hair. If necessary, bobby pins may be used.

Female recruits shall only wear black hair restraints. The female recruit's hair shall be consistent with a natural hair color.

