



CADET LEADERSHIP PROGRAM

APPLICATION PACKET

LOS ANGELES POLICE DEPARTMENT

LOS ANGELES POLICE DEPARTMENT

MICHEL R. MOORE
Chief of Police



P. O. Box 30158
Los Angeles, Calif. 90030
Telephone: (213) 486-0150
TDD: (877) 275-5273
Ref #: 11.3

KAREN BASS
Mayor

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 blue ink, appearing to read "Gisselle Espinoza".

GISSELLE ESPINOZA,
Commander Department Homeless
Coordinator Office of Operations

Cadet Applicant Last Name

Cadet Applicant First Name

Age

Division of Assignment

CADET APPLICATION CHECKLIST

Application (page 2)

Report Card

Medical Form (page 3)

Immunization Card

Physical (page 4)

Preliminary Background Assessment (page 5) Legal and

Signature Page (page 6)

Grooming & Appearance Standards Acknowledgment (page 7)

Community Relations Officer-in-Charge Signature (OIC)

Serial Number

Youth Services Officer (YSO)

Serial Number

Signature of YSO

[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

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: _____
Last Name First Name Office Phone

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 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.

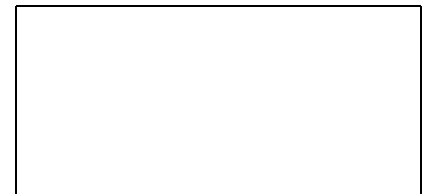
Physician Name: _____

Printed Name

Physician Business Address: _____

Printed Address

Physician Contact Phone: _____



Place Physician's Stamp Here

Physician Signature: _____

Date: _____

MM/DD/YY



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.

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

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

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

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.

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?"

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

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

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

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.

_____	_____	_____
<i>Cadet Applicant Signature</i>	<i>Cadet Applicant Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Parent / Guardian Signature</i>	<i>Parent / Guardian Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Youth Services Officer Signature</i>	<i>Youth Services Officer Printed Name</i>	<i>Date</i>

