

**PHILADELPHIA POLICE EXPLORER CADETS POST #991
PHILADELPHIA POLICE ACADEMY
8501 State Road, Philadelphia PA 19136**

OFFICE USE ONLY!	PT/Written Test Date: _____	1 st Interview: _____	2 nd Interview: _____
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2015/2016 Application Registration Form

The Philadelphia Police Department offers this program to extend career opportunities and training to young adults 14 – 20 years of age. This is a partnership between the Philadelphia Police Department and the Learning for Life program. Complete this application registration by printing and return by mail to the Police Explorer Cadet Post.

Name: _____
Last Name First First Name Middle Name

Address: _____ **City:** _____

State: _____ **Postal Code:** _____ **Police District of Residence:** _____

Home Phone #: (____) ____ - _____ **Cell Phone #** (____) ____ - _____

Male ____ **Female** ____ **Birth Date:** ____/____/____ **Age:** ____ **Race:** _____

Social Security Number: _____ **Drivers License #:** _____

High School/ College: _____ **Grade:** _____

E-Mail Address: _____ **Facebook:** __ **Twitter:** __

- | | |
|---|-----------|
| 1. Have you ever been arrested (even as a juvenile) | YES or NO |
| 2. Have you ever been questioned by Law Enforcement Officer? | YES or NO |
| 3. Have you ever been convicted of a crime? | YES or NO |
| 4. Have you ever had a case expunged? | YES or NO |
| 5. Have you ever been marked as Truant? | YES or NO |
| 6. Did you fail one or more classes this year? | YES or NO |

I certify that the information provided by me is true, complete and correct to the best of my knowledge and is made in good faith. I understand that if I make any misstatement I am subject to disqualification or dismissal from the program.

Police Explorer Cadet training is held EVERY Saturday 10:00 am – 5:00 pm. The Insurance and registration fee is \$25.00 a year and probation uniforms are approximately \$350.00. Every applicant **under 18 years of age** must have a parent present at interviews. Filling out this form does not guarantee acceptance into the program. We will notify the applicant to schedule an appointment for an interview.

Applicant Signature: _____ **Date:** _____

Parent/Guardian

Mother: _____ **Birth Date:** _____ - _____ - _____

Father: _____ **Birth Date:** _____ - _____ - _____

Parent's Signature: _____ **Date:** _____

(Signature required if applicant is less than 18 years of age.)



**PHILADELPHIA POLICE DEPARTMENT/ POLICE EXPLORER CADET
PHYSICAL FITNESS/AGILITY TEST
WAIVER AND RELEASE**

I, the undersigned, hereby agree to participate in the Physical Fitness/Agility testing as conducted by the Philadelphia Police Department / Philadelphia Police Explorer Cadet Program as part of its applicant acceptance process for the position of Philadelphia Police Explorer Cadet. I understand that this test is difficult and physically demanding. I also agree to advise the City of Philadelphia of any injuries, pre-existing conditions or other physical limitations that could be aggravated or that would otherwise preclude my participation in any aspect of the testing procedure.

I understand that I have had the opportunity to consult with a physician prior to the agility test or have intentionally chosen not to do so.

I understand and agree that I assume any and all risk and liability for losses, damages, personal injuries, or death, which I may suffer or sustain while performing in the physical agility test.

I also understand and agree that I, for myself, my heirs, executors, and administrators hereby release the City of Philadelphia, Philadelphia Police Department, and the Philadelphia Police Explorer Cadet Program their officers, agents, employees and authorized volunteers from any claims, suits or demands for any losses, damages, or expenses that I may incur arising out of my participation in the physical agility test, including any claims, suits, or demands arising out of negligence or claimed negligence of the City of Philadelphia, Philadelphia Police Department, and the Philadelphia Police Explorer Cadet Program and of their officers, agents, employees, or authorized volunteers .

IN WITNESS WHEREOF, I have hereunto set my hand and signature this _____ day of _____, 20____.

Signed and delivered in the presence of:

Police Staff Signature

Signature

Printed Name

Parent or Lawful Guardian Name (Print)

** Parent or Lawful Guardian (Signature)*

** Must be completed for all applicants under 18 years of age. By signing this document Parent or Lawful Guardian hereby agrees to all the terms and conditions of this waiver and release on behalf of minor applicant.*

PEC991-019-B

!!!!FOR YOU TO KEEP!!!!

Requirements To Take PT/ Written Test

WEAR:

Shorts (Basketball type NO SHORT SHORTS)
T-Shirt (COLORED- NO WHITE OR TANK TOPS)
FEMALES – SPORTS BRA
Running Sneakers (No Skater shoes)

BRING:

Face Towel
Bottle of Water
Photo Identification (School or State Id)
Inhaler (If you have asthma)

OTHER:

If under the age of 18, Must have a parent/ guardian present.

Be prepared to be here approximately 3 hours from
the beginning of test

PT Waiver must have been sent in with application or must
bring it in with you.

Make sure you have eaten 2 hours prior to arrival.

If you need to reschedule, make sure you call the office
prior to arrival time with a call back number.

!!!!FOR YOU TO KEEP!!!!