



LOS ALAMOS COUNTY POLICE
DEPARTMENT
YOUTH CADET APPLICATION



DATE: _____

Applicant Information:

Name: _____ (Nickname) _____

Date of Birth: _____ Age: _____ DL#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell phone #: _____ Email: _____

Parent/Guardian Information:

Name: _____ Phone #: _____

Address: _____

Teacher References (only 1 required):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Please inform your references that we will be contacting them for further information.

What interests you in being part of the Los Alamos Police Department Youth Cadet Program?



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What are you looking to achieve by being a part of the Los Alamos Police Department Youth Cadet Program?

How did you hear about the Los Alamos Police Department Youth Cadet Program?

Friend ____ Social Media ____ Newspaper ____ Officer ____

Other (Specify): _____

PowerSchool Current Grade printout provided (Required): Yes _____ No _____

_____ I understand that upon applying to be a Youth Cadet within the Los Alamos Police Department, a background investigation will be conducted to ensure the youth meets the criteria for acceptance.

_____ I understand the position of Youth Cadet is an at will position, and I can be removed from my position upon any violation of the Youth Cadet Program Code of Conduct, Los Alamos Police Department Policies, NM State Statutes or Los Alamos County Ordinances.

Applicant's Printed Name: _____

Signature: _____ Date: _____

Parents Printed Name: _____

Signature: _____ Date: _____