



# **MORGAN COUNTY**

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## **SHERIFF'S OFFICE**

# CADETS

**NOW ACCEPTING APPLICATIONS!**



Deadline for applications is November 12<sup>th</sup> 2017  
For more information contact:

Sergeant Chris Griggs: 970-768-5831 or [cgriggs@co.morgan.co.us](mailto:cgriggs@co.morgan.co.us)

Deputy Kevin Bruntz: 970-768-5841 or [kbruntz@co.morgan.co.us](mailto:kbruntz@co.morgan.co.us)

**LOOK FOR US ON FACEBOOK!!**





## MORGAN COUNTY SHERIFF'S OFFICE

### CADET APPLICATION

**Note:**

*All information contained in this will be verified through a background investigation. Please answer all questions completely and honestly. False information will result in disqualification from the program. Please do not leave any spaces blank. Application is to be filled out using blue ink. The Morgan County Sheriff's Office does not condone the use of tobacco products while in uniform. A Cadet found in possession of tobacco products is subject to removal from the program, and depending on their age may also be criminally charged.*

*Below is a list of information that must be submitted with this application. Incomplete applications will not be accepted.*

- *400 word paper stating your goals in life and why you should be considered for a cadet position with the Morgan County Sheriff's Office.*
- *Two letters of recommendation, one of which should be from a member of public safety. (Fire, Law Enforcement, or Emergency Medical Staff.)*
- *Copy of your drivers license/ID.*
- *Any certifications you might hold.*
- *Release of liability.*
- *Ride-a-long application*

## Application Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

## Drivers License information

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

## Drivers History

List all states that you have been issued a drivers license: \_\_\_\_\_

Has your drivers license ever been suspended or declined:

\_\_\_\_\_

Please list traffic all your traffic tickets, the issuing agency, and the reason the ticket was issued.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Criminal History

Have you ever been arrested/detained or convicted of a criminal offense: \_\_\_\_\_

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Education History

*Please list all schools you have attended with your most current first:*

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ GPA: \_\_\_\_\_

Did you graduate: Yes No

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you ever been placed on academic probation: Yes No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

## Work History

*Please start with your most current first and list your last four employers.*

Are you currently employed: Yes No

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job description: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job description: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job description: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job description: \_\_\_\_\_

**Parent information** (*applicants under the age of 18*)

Mother Name: _____	Father Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip code: _____	State: _____ Zip Code: _____
Phone Number: _____	Phone Number: _____
Work Number: _____	Work Number: _____

**References**

*Please list four references. One of which must be a teacher instructing a class that you are currently enrolled in. Study hall shall not count. One must be in some form of public safety. The last two may not be related to you and whom you must have known for more than three years.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Years known: \_\_\_\_\_

## Social Network Websites

Please circle the following social networking web sites that you are a member of:

Facebook      Twitter      Tumbler      Instagram

Other, please list all that apply:

Would you allow an Advisor to view your social networking webpages: Yes      No

## Medical History

Do you have any medical conditions that would prohibit or limit your participation in the program: Yes      No

If yes, then please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The cadet program does not discriminate against the basis of race, religion, gender, sexual orientation, age, or medical conditions. The above requested information is requested for the purpose of tailoring the organization to an individuals needs.*

*I understand that all the information contained in this application is true and correct to the best of my knowledge. I understand that providing incorrect/fraudulent information is grounds for the application to be denied and my participation in the program with the Morgan County Sheriff's Office will be terminated.*

*I also grant my permission for the Morgan County Sheriff's Office to verify any and all information contained herein. I grant my permission to all persons named as references and employers to release information regarding my employment and character. Financial information will not be questioned or investigated by any member within the Morgan County Sheriff's Office at this time.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Accepting Advisor Signature

Background completed date: \_\_\_\_\_ Initials: \_\_\_\_\_





## Morgan County Sheriff's Office Cadet Program

Assumption of Risk, Release of Liability and Agreement to Indemnify

THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY is signed

by \_\_\_\_\_ (Participant) and \_\_\_\_\_

\_\_\_\_\_ (parent/ guardian) of \_\_\_\_\_

\_\_\_\_\_ (Address)

As a member of the Cadet program, participants will be participating in various events and activities, which will take a place at various locations within Morgan County, Colorado, during daytime and night time hours. Participant may be required to participate in community service events, activities, or search and rescue activities in areas where there may be exposure to natural conditions, such as adverse weather, bug or animal bites, difficult terrain and the like. Participant may be required to participate in fund raising which may also involve physical activity or various types in different environments, subject to adverse weather or using different materials including, but not limited to, paper, liquids, soaps, scissors and other utensils or tools. Participant will also be subjected to the risks normally associated with riding in an automobile or other vehicle. Participant acknowledges and that there are also physical risks involved in many of the training and other Cadet activities. Many of the aforementioned activities may carry with them certain risks of injury, damage, or other loss or death. These examples of possible risks, but the risks set forth in this paragraph are not exhaustive. Participants will be required to comply with all rules and regulations of Cadet program, including, without limitation, any safety rules which may be promulgated by the Morgan County Cadet Program. Participants, and if Participant is not yet a least eighteen (18) years of age, Participant's Parent or Guardian, have reviewed the explanation of activities of the Cadet program, and have considered and risks of Participant's participation in Cadet program. With knowledge of such risks of participation in Cadets, Participant and Participant's Parent or Guardian hereby affirmatively assert that they are knowingly and voluntarily assuming and all such risks. Participant and Participant's Parent or Guardian understand and agree that participation in the Cadet activities is a voluntary activity or program. Participant's participation in Cadets and Cadet activities is a voluntary activity or program. Participant's participation in Cadets and Cadet activities is strictly voluntary. With knowledge of the risks involved in participation in the Cadets activities, Participant and Participant's Parent or Guardian, on behalf of themselves, and on behalf of the heirs, successors and assigns of Participant and participant's Parent or Guardian, voluntarily release and agree to hold harmless and indemnify the County of Morgan: The Board of County Commissioners of the County of Morgan: The Morgan County Sheriff's Office: the Sheriff of Morgan County: the Morgan County Attorney's Office, the Morgan County Attorney: the 13<sup>th</sup> Judicial District Deputies, Agents, Deputy District Attorneys and volunteers (the Releases) from any and all claims and liability, past, present, or future, for any injury damage resulting from the willful and wanton acts of any of the releases. The participant and /or his or her Parent or Guardian also agree to hold harmless and indemnify the releases from and all claims and liability, past, present, and future, for any injury or damage to third parties, resulting from the negligent or intentional acts of the Participant occurring in the course of the activities of the Cadets.

Participant further understands that the Releases may be immune to liability pursuant to Colorado law for certain volunteer activities or by virtue of their governmental status. Participant acknowledges and agrees that this Assumption of Risk Release of Liability and Agreement to Indemnify is not intended to circumvent or replace such immunities.

By signing this Assumption of Risk, Release of Liability and Agreement to Indemnify, Participant and Participant's parent or Guardian Acknowledge that each of them has read and understands all of the provisions stated herein.

Printed Name: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Guardians signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Guardians signature: \_\_\_\_\_ Date: \_\_\_\_\_