

# Acworth Police Department

## Public Safety Cadets



To: All New Cadet Applicants  
From: Corporal Eric Mistretta, Unit Lead Mentor  
Subject: Application Packet

This memo explains what should be in this packet and a brief description of how to fill it out.

Notice: Print all information neatly and clearly on the forms. Use BLACK or BLUE ink only.  
DO NOT STAPLE FORMS TOGETHER, PLEASE USE A PAPERCLIP.

Member Dues: \$100.00 Initial Registration / \$50.00 annual membership renewal.

GPA: Please provide a copy of your most recent report card/progress report

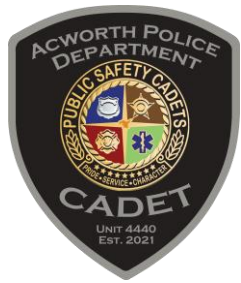
### CONTENTS IN THIS PACKET:

Acworth Public Safety Cadet Core Values  
New Cadet Application  
Emergency Information Form  
Continuation Page  
Authorization For Release of Personal Information  
Hold Harmless and Release Form  
Medical Release Form  
Media / Photograph Release Form  
Georgia Crime Information Center Awareness Statement  
Acknowledgment of Confidentiality  
Airsoft Training Waiver  
Acceptance of Unit Policy and Procedures  
Public Safety Cadet Guardian Consent Form

### WHAT TO DO WITH EACH FORM:

Acworth Public Safety Cadet Core Values	Read/Sign
New Cadet Application	Complete & Sign
Emergency Information Form (provide copy of insurance card)	Complete
Continuation Page	Complete if additional space is needed.
Authorization For Release of Personal Information	Read/Sign and <b>Notarized</b>
Hold Harmless and Release Form	Read/Sign and <b>Notarized</b>
Medical Release Form	Read/Sign and <b>Notarized</b>
Media / Photograph Release Form	Read/Sign
Georgia Crime Information Center Awareness Statement	Read/Sign
Acknowledgment of Confidentiality	Read/Sign
Airsoft Training Waiver	Read/Sign
Acceptance of Unit Policy and Procedures	Review/Read/Sign
Public Safety Cadet Guardian Consent Form	Complete and Sign

All forms and documents must be completed upon return of this packet to Corporal Mistretta.



# Acworth Police Department

Public Safety Cadets



## Acworth Public Safety Cadets Core Values

Cadets will follow and abide by the Acworth Public Safety Cadet Unit

Core Values of C.A.D.E.T.S.

- C COURAGE
- A ACCOUNTABILITY
- D DEDICATION
- E EXCELLENCE
- T TEAMWORK
- S SERVICE

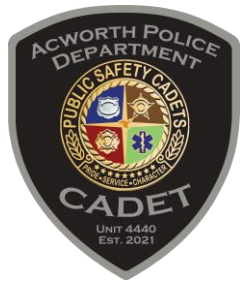
Cadets will follow and abide by the Public Safety Cadet Program

Core Values of P.S.C.

- P PRIDE
- S SERVICE
- C CHARACTER

Cadet's Name: \_\_\_\_\_

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Acworth Police Department

## Public Safety Cadets



# Cadet Application

## General Information

Name (Last, First, Middle): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: Georgia Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Georgia Driver's License #: \_\_\_\_\_ OR Georgia ID Card #: \_\_\_\_\_

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

## Education Information

Student ID #: \_\_\_\_\_ School Presently Attending: \_\_\_\_\_

Highest Grade Attended: \_\_\_\_\_ High School Graduate:  Yes  NO GPA: \_\_\_\_\_

## Personal Information

*This section may be used to perform a criminal history check or school disciplinary check.*

Race: \_\_\_\_\_ Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

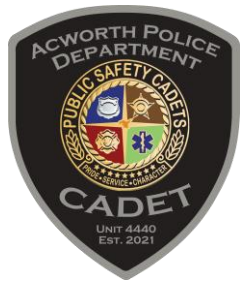
## Employment Information

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

Start Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

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



# Acworth Police Department

## Public Safety Cadets



### General Questions

Do you now, or have you ever used drugs or alcohol?  Yes  NO

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

Have you ever been charged or convicted of a crime or juvenile offense?  Yes  NO

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

Have you ever been detained by a law enforcement officer?  Yes  NO

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

List all traffic citations that you have received:

Location (Police Agency)	Approx. Date	Violation	Penalty	Disposition
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

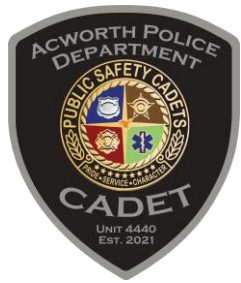
Has there ever been any disciplinary action taken against you at school?  Yes  NO

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

Have you ever been a member of another Explorer Post or Cadet Unit?  Yes  NO

If yes, please provide your former advisor's information and reason for leaving the unit:

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



# Acworth Police Department

## Public Safety Cadets



List all organizations, clubs, and associations you are currently participating in:

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What are your hobbies, special skills, abilities, and any achievements?

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List any career and education goal(s):

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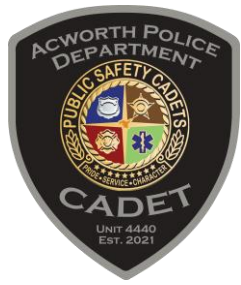
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### References

Include with your application three (3) letters of recommendation from people who have known you for at least three years. Letters cannot be from immediate family members and must be from people 21 years of age or older. Letters may be attached to your application, mailed to the address below, or emailed to [CadetMentors@acworth.org](mailto:CadetMentors@acworth.org).

Letters should be addressed to:

**Corporal Eric Mistretta**  
**Acworth Police Department**  
**4440 Acworth Industrial Drive**  
**Acworth, Georgia 30101**



# Acworth Police Department

## Public Safety Cadets



### Essay

Submit with this application a type written one page essay answering the following questions. Use the paper guidelines listed below. Essays submitted that do not meet the following guidelines will be returned to the cadet applicant and their application will not be considered until an acceptable essay is submitted.

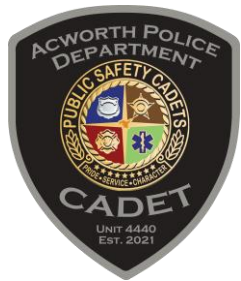
**Submit with this application.**

#### Answer the following questions:

- Why do you want to be a Law Enforcement Cadet?
- How do you believe your participation with the Acworth Public Safety Cadets will benefit your future career goals?

#### Guidelines

- The paper will be one page type written on white 8 ½ x 11 paper.
- The margins will be one inch all around.
- Twelve-point Times New Romans font will be used.
- On the first line of the paper in 20-point bold Times New Romans font, center your first and last name.
- Begin the essay on the second line with no indentation on each paragraph. Place a one-line space between each paragraph.



# Acworth Police Department

## Public Safety Cadets



### Please Read and Sign:

All information that I have given on this application is the truth and it contains no falsification or misrepresentation. I also understand that any falsehood or half-truth discovered by the Acworth Police Department will be grounds for termination or denial into the Cadet program. I also understand that all information contained in this application will be held confidential.

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the parents or legal guardian of the applicant (if under 18 years old)**

I, \_\_\_\_\_, being the legal parent or guardian of this applicant, submit my authorization for \_\_\_\_\_, to participate as a Cadet with the Acworth Public Safety Cadet Unit #4440.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

Application Reviewed by:

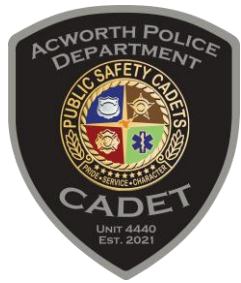
Lead Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interview by	Title	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Recommended:  Yes  NO

Lead Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Acworth Police Department

## Public Safety Cadets



# Emergency Information Form

Name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ State: Georgia Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Georgia Driver's License #: \_\_\_\_\_ OR Georgia ID Card #: \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Parent/Guardian 1: (Name) \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

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

City: \_\_\_\_\_ State: Georgia Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Other Phone #: \_\_\_\_\_

Parent/Guardian 2: (Name) \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

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

City: \_\_\_\_\_ State: Georgia Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Other Phone #: \_\_\_\_\_

### Alternate Emergency Contacts:

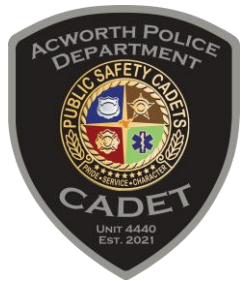
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_





# Acworth Police Department

## Public Safety Cadets



### Medical Information:

Have you ever been hospitalized?

Yes  NO

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

\_\_\_\_\_

Do you currently take any long-term medication?

Yes  NO

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

\_\_\_\_\_

Do you currently have any medical conditions?

Yes  NO

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

\_\_\_\_\_

Are you allergic to anything?

Yes  NO

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

\_\_\_\_\_

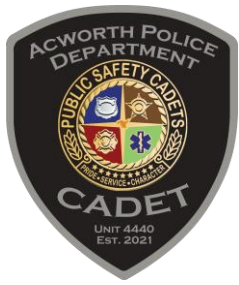
Is there anything you feel is necessary for us to know?

Yes  NO

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

\_\_\_\_\_

*Note: This information must be kept current, and it is the individual Cadet's responsibility that current records are maintained with the Unit.*



# Acworth Police Department

## Public Safety Cadets



### Continuation Page

*Use this page if additional space is needed to provide explanations.*

Section:  General Information  Medical Information  Other Important Information

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Section:  General Information  Medical Information  Other Important Information

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Section:  General Information  Medical Information  Other Important Information

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Section:  General Information  Medical Information  Other Important Information

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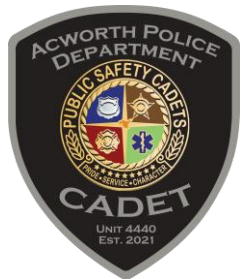
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Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian signature only needed if Cadet is under 18 years old)*



# Acworth Police Department

## Public Safety Cadets



### Authorization For Release of Personal Information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Acworth Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical and psychiatric treatment and/or consultation, including hospitals, clinics, and private practitioners; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, in whole or in part, upon release authorization will be considered in determining my suitability for membership to the City of Acworth Police Department's Public Safety Cadet Program. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for any liability which may be incurred because of furnishing such information.

A photocopy of this release form will be valid as the original thereof, even though the said photocopy does not contain the original writing of my signature.

*This acknowledgment shall be considered valid from the date of signature until the Cadet is no longer affiliated with the program or until a written request for removal is received.*

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian signature only needed if Cadet is under 18 years old)*

Name (Last, First, Middle): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

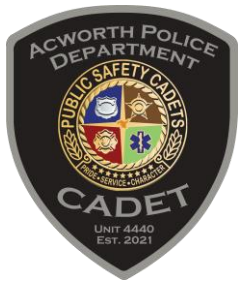
City: \_\_\_\_\_ State: Georgia Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Georgia Driver's License #: \_\_\_\_\_ OR Georgia ID Card #: \_\_\_\_\_

Sworn and subscribed before me, a Notary Public, on the date of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



# Acworth Police Department

## Public Safety Cadets



## Hold Harmless and Release Form

The undersigned, parents, or guardians of \_\_\_\_\_, a participant of the Acworth Public Safety Cadet Unit #4440, hereby indemnifies and holds harmless the Acworth Police Department, Acworth Public Safety Cadet Unit #4440, it's agencies and employees, specifically including any and all police officers, teachers, volunteers, or personnel involved with the supervision and control of the Acworth Public Safety Cadets Unit #4440 from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of \_\_\_\_\_, parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the City of Acworth, its servants, agents, or employees, volunteers and particularly the police officers engaged in the supervision of control as set forth herein above.

*This acknowledgment shall be considered valid from the date of signature until the Cadet is no longer affiliated with the program or until a written request for removal is received.*

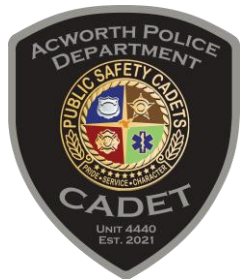
Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature only needed if Cadet is under 18 years old)

Sworn and subscribed before me, a Notary Public, on the date of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



# Acworth Police Department

## Public Safety Cadets



## Medical Release Form

The undersigned, parents, or guardians of \_\_\_\_\_, authorize a member of the Acworth Public Safety Cadet Unit, the Acworth Police Department, and/or one of the Mentors of the Acworth Public Safety Unit, to treat for injuries. This is to include transport and/or care at the local medical facility. In the event of serious illness or injury while involved in any Cadet activities, the undersigned consents to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services. It is understood that in the event of a serious injury, reasonable efforts to reach the emergency contacts will be attempted.

The undersigned knows of no health or fitness restriction that precludes the participation of \_\_\_\_\_ in the Acworth Public Safety Cadet program sponsored by the Acworth Police Department.

**Health Insurance Information – Please attach a copy of your current health insurance card.**

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

*This acknowledgment shall be considered valid from the date of signature until the Cadet is no longer affiliated with the program or until a written request for removal is received.*

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

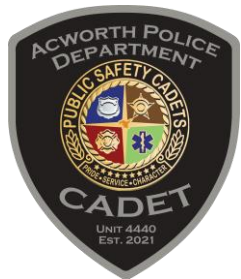
Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian signature only needed if Cadet is under 18 years old)*

Sworn and subscribed before me, a Notary Public, on the date of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



# Acworth Police Department

## Public Safety Cadets



## Media / Photograph Release Form

On occasion, the Acworth Public Safety Cadets may be approached by various media outlets to interview, record, or photograph members. Once a student's photograph, video image, audio clip, quote or other identifying information is published by media outlets, individuals can publicly access it.

A member may be asked by the media outlet to provide personal information, such as the student's full name, parents' names, addresses, telephone number, or opinions on assorted topics. I understand that, although the unit leadership and police department will make every effort to ensure that student and media interactions are positive, the unit leadership and police department ultimately has no control over what information the media outlet will obtain from the student, how the media outlet will use the information gathered from the student, or how the student will be portrayed by the media outlet.

I hereby grant permission to the police department to allow my participating member to be interviewed, photographed, or recorded by media, including, but not limited to radio, television, and print outlets, while on police department property or at cadet events. I also agree to indemnify, defend, and hold harmless the members of the Acworth Police Department and Leadership of the Acworth Public Safety Cadets Unit #4440, its officers, employees, agents, volunteers, successors, and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this activity.

I hereby grant permission to the Acworth Police Department and Acworth Public Safety Cadets Unit #4440 to use or publicly display my child's photograph, video image, or audio clip on the Acworth Cadet's web Page, Police Department's web pages, or in other official publications without further notice. I acknowledge the Department's right to crop, edit, or treat the photograph, video, or audio clip at its discretion. I also understand that once a member's photograph, video image, or audio clip is published on a web site, it can be downloaded by any computer user. Personal information, such as parents' names, addresses and telephone number will never be published. If a member's name is used with a photograph, video, or audio clip, it will be in the form of a first name and last name.

Therefore, I agree to indemnify, defend, and hold harmless the members of the Acworth Police Department, the Acworth Public Safety Cadets Unit #4440, its officers, employees, agents, volunteers, successors, and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Permission is granted for the use requested above.

*This acknowledgment shall be considered valid from the date of signature until the Cadet is no longer affiliated with the program or until a written request for removal is received.*

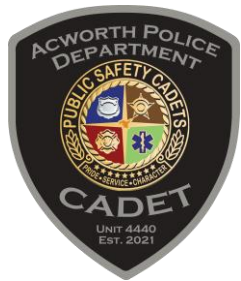
Cadet's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Parent/Guardian signature only needed if Cadet is under 18 years old)*



# Acworth Police Department

## Public Safety Cadets



## Georgia Crime Information Center Awareness Statement

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalty for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

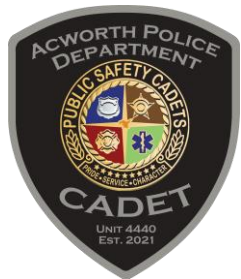
By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian signature only needed if Cadet is under 18 years old)*

*This acknowledgment shall be considered valid from the date of signature until the Cadet is no longer affiliated with the program or until a written request for removal is received.*



# Acworth Police Department

## Public Safety Cadets



## Acknowledgment of Confidentiality

I \_\_\_\_\_, (Cadet's Name) understand that my participation in the Acworth Public Safety Cadet program is a privilege that can be revoked at any time. Furthermore, I understand that my participation could expose me to personal and confidential information that is protected by law. I understand that any information I learn because of my participation in the Acworth Public Safety Cadet program is to be kept confidential. I understand that releasing any personal or confidential information to anyone not entitled to know the information can be a violation of the law and is a violation of the Acworth Cadet's Policy and Procedures. I understand that releasing any personal or confidential information is grounds for immediate removal from the Acworth Public Safety Cadet program.

By signing below, I acknowledge complete understanding of these terms and agree to keep any personal or confidential information to myself.

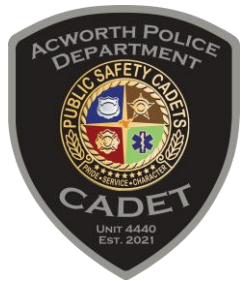
Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian signature only needed if Cadet is under 18 years old)*

*This acknowledgment shall be considered valid from the date of signature until the Cadet is no longer affiliated with the program or until a written request for removal is received.*





# Acworth Police Department

## Public Safety Cadets



## Airsoft Training Waiver

I the parent/guardian of \_\_\_\_\_, a cadet with the Acworth Public Safety Cadet program understands that while a member of the Acworth Public Safety Cadets Unit #4440 program Cadets will be participating in semination training involving airsoft guns with members of the Acworth Police Department. By signing below, I give consent for \_\_\_\_\_ to participate in the training and that I understand the training will be conducted with the following rules in mind:

1. No cadet will handle a semination gun without a face mask on.
2. During training, no cadet will remove their face mask until instructed to do so by an adult advisor or the trainer.
3. Only adult advisors or trainers will load and unload the guns with CO2.
4. Except during actual training, all airsoft guns will be kept in a holster or in the immediate control of an adult advisor.
5. Each cadet may bring their own airsoft training gun to utilize during the training but only if the gun is the same type and style as guns being utilized by the unit.
6. If a cadet chooses to bring their own airsoft training gun and holster, the Acworth Police Department and the Acworth Public Safety Cadet program are not responsible for any damage to them caused by the training.
7. Any cadet bringing personal equipment will be expected to follow the same rules for their personal equipment as the post provided equipment.
8. By signing below I understand that all completed waivers of liability provided by my cadet upon their entrance into the unit are still in effect during this training.

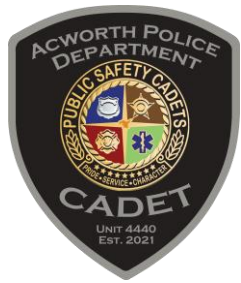
By signing below, I agree to participate by the rules listed above and any more rules stated by the trainer or advisor during this training.

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian signature only needed if Cadet is under 18 years old)*

*This acknowledgment shall be considered valid from the date of signature until the Cadet is no longer affiliated with the program or until a written request for removal is received.*



# Acworth Police Department

## Public Safety Cadets



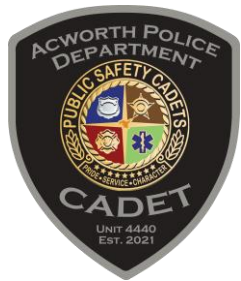
## Acceptance of Unit Policy and Procedures

I \_\_\_\_\_, do acknowledge that I have read and understand the Unit Policy and Procedures for Acworth Public Safety Cadets Unit #4440. I also agree to conduct myself in accordance with the regulations set forth in the Unit Policy and Procedures without complaint or questions. I also agree to conduct myself in a professional and appropriate manner so as not to bring reproach upon Cadet Unit #4440, the Acworth Police Department, and the Public Safety Cadets.

Received Policy and Procedures Book #: \_\_\_\_\_ Date Received: \_\_\_\_\_

I acknowledge that I abide by the policy and procedures of the Acworth Public Safety Cadet Unit and the Public Safety Cadet Program. I also acknowledge that I will maintain my assigned book in good condition and will return in the same condition when I leave the program.

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Acworth Police Department

## Public Safety Cadets



### Communication:

Please download the GroupME application on your iPhone or Android phone and scan the QR code to join the group. We have a group for all cadets and mentors to communicate with and a separate group for parents only. This allows everyone to keep in contact while staying in compliance with youth protection rules.

### CADET GROUP



### PARENTS ONLY

