



# Colonie Police Cadet Post 185

312 Wolf Road  
Latham, NY 12110

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## GENERAL MEMBERSHIP REQUIREMENTS MEMBERSHIP APPLICATION FORM

- ✓ Fill in **ALL** of the blanks. If an item does not apply to you put in N/A.
- ✓ Give complete information, including your first, middle and last names completely and legibly spelled out.
- ✓ Submit only information you are sure of.
- ✓ Be sure that you and / or your parents sign the forms in the appropriate places.
- ✓ Applicants must be between the ages of 13 & 21 years of age.
- ✓ Parental approval must be obtained.
- ✓ The applicant must be of good character and possess good moral habits.
- ✓ School transcripts **must be enclosed** with the application if applicable.
- ✓ Please return application in a sealed envelope addressed to:

Colonie Police Cadet Post 185  
312 Wolf Road  
Latham, NY 12110

The application may be dropped off at the front desk of the Public Safety Center.

**MEMBERSHIP APPLICATION FORM**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

GUIDANCE COUNSELOR: \_\_\_\_\_

LAST SCHOOL YEAR AVERAGE: \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ WHERE? \_\_\_\_\_

REASON FOR JOINING:

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HOBBIES OR SPECIAL INTERESTS:

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PARENTS/GUARDIANS NAME: \_\_\_\_\_

PARENTS/GUARDIANS ADDRESS: \_\_\_\_\_

ADULT REFERENCES (AT LEAST 2):

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

I hereby apply for the position of Colonie Police Cadet. I further consent and authorize the Police Department to conduct a background check including, but not limited to, a juvenile and criminal history records check. I certify that I do not have a criminal record.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_