

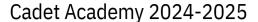
# **West Bridgewater Police Department**



# Cadet Academy Application (Please print all information clearly)

	Last name	First Name	M.I.			
Date of Birth Telephone # Grade Level:	n: M	assachusetts Driver's License Email Address:	 e #:			
Sports/Clubs	s (if any):					
Please share your thoughts on why you are interested in attending the Cadet Police Academy and what you hope to learn:						
			Phone #:			
			Phone #:			
Important I	Notice: A criminal ı	records check/background i	nvestigation will be conducted on all			
applicants for this program. By signing below, you hereby grant the West Bridgewater Police Department authority to conduct a criminal history records check/background. The						
background	d check will be kep	t confidential. By submitting	this application, you understand that			
any student may be removed for disruptive behavior that obstructs the concept of this						
program.						
Parent Sign	ature:	Date:				
Completed applications should be emailed to SRO Packard (cpackard@wbpd.com) or returned						
to the SRO Office (located in the HS main office). Applications must be received no later than						
January 31	st, 2025.					
	ource Officer Christ	•				
cpackard@v	ewater Police Depa wbpd.com 220 ext. 5100	rtment				







### COURSE SYLLABUS - Class #1

The program will take place on Tuesday evenings at the West Bridgewater Middle/Senior High School from 6 pm - 8 pm in the Learning Commons. Portions of some classes will be held outside on the High School grounds.

WEEK1: Tuesday, February 25th,2025

Introduction to the Program. Class will end early and students may drive, get a ride, or walk to the station for a full tour of the West Bridgewater Police Station.

WEEK2: Tuesday, March 4th,2025 Constitutional Law / Criminal Law.

WEEK 3: Tuesday, March 11th, 2025
Patrol Procedures & Motor Vehicle Law.

WEEK 4: Tuesday, March 18th, 2025 Use of Force.

WEEK 5: Tuesday, March 25th, 2025
Crime Scenes and Sex Offenders.

WEEK 6: Tuesday April 1st, 2025 K-9 Instruction & Demonstration.

arent/Guardian	lnitials:
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# Cadet Academy 2024-2025



<u>WEEK7:</u> Tuesday, April 8th,2025 Specialty Positions (SWAT, Motorcycle, Bicycle).

WEEK 8: Tuesday, April 15th, 2025 Certificates & debrief.



### Cadet Academy 2024-2025



#### **CLASS RULES & REGULATIONS**

- 1. Classes will begin promptly at 6:00 pm unless otherwise instructed.
  - If you are unable to attend class, please let us know by seeing Officer Packard to fill out an excused slip. A valid reason or proper
- 2. documentation must be provided for an excused slip to be approved. If unable to notify in person, please send an email to either <a href="mailto:cpackard@wbpd.com">cpackard@wbpd.com</a> or ochurch@wbpd.com This will help the instructor prepare for class and make sure you still receive credit.
- Casual dress is appropriate. \*Please note that part of the K9 Demo and Patrol Procedures will be held outside-please dress appropriately.\*
- 4. No audio or video recording may take place at any time. The class may be recorded by the West Bridgewater Police Department.
- 5. No alcoholic beverages of any kind, and no smoking of any kind will be allowed on the property unless part of an authorized class.
- 6. At no time, will anyone be allowed to bring with them, carry on their person, or leave in their vehicle, a weapon of any type while attending classes or participating in an event.
- 7. Cancellation of classes will follow West Bridgewater School District notification procedures. If the district cancels classes because of inclementweather, therewill benostudent program. If the class needs to be canceled or postponed for any other reason, there will be an announcement made during the school day and you will receive an email.

Parent/Guardian Initials:	Student Initials:

# POLICE 1656 LU SRIDGE W

#### WEST BRIDGEWATER POLICE DEPARTMENT

Student Initials:\_\_\_\_\_

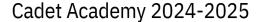
# Cadet Academy 2024-2025

# RELEASE OF CLAIMS

I,	INCONSIDERATIONOFTHE			
OPPORTUNITY TO PARTICIPAT	E IN THE CRIMINAL JUSTICE			
PROGRAM				
CONDUCTED BY THE WEST BRI	IDGEWATER POLICE DEPARTMENT,			
DO HEREBY RELIEVE THE WEST E	BRIDGEWATER POLICE DEPARTMENT,			
THE TOWN OF WEST BRIDGEWAT	ΓER, AND ANY EMPLOYEES, AGENTS,			
OFFICIALS, OR REPRESENTATI	VES OF THE WEST BRIDGEWATER			
	OWN OF WEST BRIDGEWATER OF			
ANY AND ALL LIABILITY FOR ANY				
	CIPATION IN THE CRIMINAL JUSTICE			
PROGRAM AND ALL ACTIVITIES F	•			
	ATION IN THE PROGRAM MAY EXPOSE			
	R HAPPENINGS ENCOUNTERED BY			
POLICE OFFICERS OF THE TOWN OF WEST BRIDGEWATER WHILE IN THE PERFORMANCE OF THEIR DUTIES. I THEREFORE ENTER THIS				
PROGRAM ASSUMING ALL RISK C				
	ARTICIPATION IN THE PROGRAM, AND			
INTHATREGARDASSUMEANDAGF	REETOPAYALLMEDICALCOSTS			
OR PROPERTY DAMAGE COSTS O	CCASIONED			
	OF WEST BRIDGEWATER, THE WEST			
	1ENT, AND IT'S EMPLOYEES, AGENTS,			
OR OFFICIALS FROM AND AGAIN	· · · · · · · · · · · · · · · · · · ·			
	NS WHICH I, MY HEIRS, EXECUTORS,			
OR ADMINISTRATORS MAY HAVE HEREIN.				
IN WITNESS WHEREOF, I HAVE	HEDELINTO SET MY HAND			
AND SEAL THIS DAY OF _				
71110 <u></u>	, 202 1.			
STUDENT NAME	STUDENT SIGNATURE			
PARENT/GUARDIANNAME	PARENT/GUARDIANSIGNATURE			

Parent/Guardian Initials: \_\_\_\_\_







# **Eligibility Requirements**

- 1. Must be a Freshman, Sophomore, Junior or Senior attending West Bridgewater Middle/Senior High School
- 2. Must receive parent/guardian approval, including signatures by the student and his/her parent or guardian on a background check, liability waiver and photo/video release
- 3. Must be of good moral character with no arrest or conviction record or significant school discipline
- 4. Must demonstrate a positive demeanor and attitude in the company of others, either through demonstration, or during background check interviews with family members, neighbors, teachers, coaches, school administrators and or employers
- 5. Must remain in school and in good academic standing
- 6. Must be able to keep confidential any and all information they receive, or come into contact with while working at the police department, and/or while working with police officers



# Cadet Academy 2024-2025

# Video and Photo Release

I,	I,, parent or legal guardian of								
	, unde	rstand that my son/daughter's photograph may							
be taken by the agents of the West Bridgewater Police Department, the Town									
•	•	sors, organizers, and/or assigns. I agree that said							
photograph and/or v	ideo photograp	ohy, film photography, or other reproduction ma							
	be used without charge by the agents of the West Bridgewater Police Departmen								
Town of West Bridgewater, its producers, sponsors, organizers and/or its agents for the purpose of advertising its Criminal Justice Program, its community policing efforts and other legitimate purposes as determined by the West Bridgewater Policing Department. By signing this form, I consent to having my child's photo, name awards, and achievements published in any press releases, newspaper articles newsletters, and or television productions. Said consent may be revoked at any times.									
							by communicating th	ne revocation in	writing to the Chief of Police.
							Dated this	dayof	in the year of 20
							Dated this	day of	in the year of 20
Applicant Printed Na	 ıme	Applicant Signature							
•									
Parent/Guardian Prir	ited Name	Parent/Guardian Signature							
Parent/Guardian Initia	als:	Student Initials:							