



HOFFMAN ESTATES

POLICE DEPARTMENT

Kasia Cawley
CHIEF OF POLICE

Photo Release Form – (Minor)

I hereby grant you the right to use my likeness in *the Citizen Newsletter* or other Village of Hoffman Estates publication. I acknowledge that you are acting in reliance on this release in connection with the publishing of photograph(s) taken this date.

I hereby affirm that I am under the age of eighteen, that my signature is accompanied by that of my legal parent or guardian.

Date: _____

Signed: _____

Print name: _____

Address: _____

City

State

Zip

Signature of Parent or Guardian: _____



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Medical Release Form

I, _____, Parent/Legal Guardian of,
_____, hereby give my consent to
_____ to administer necessary treatment to
my son/daughter in the event of an emergency when I cannot be reached. I also give
consent to the transportation of my son/daughter by ambulance if warranted.

Name of Physician: _____ Phone: _____

Physician Address: _____

Allergies of son/daughter, including any allergies to medication:

Date of last Tetanus: _____

Phone Numbers which parents/guardian can be reached in case of an emergency:

Signature of Parent or Guardian

Date

Advisor Signature



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Authorization for Criminal Background Investigation

I authorize and empower the Village of Hoffman Estates Police Department or other outside service company engaged by the Village of Hoffman Estates for the purposes of performing a background investigation, to obtain, prepare, use and furnish information.

Print Full Name: _____

Street Address: _____

City: _____ State & Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: _____ Cell Phone Number: _____

Parent Signature

Date

Applicant Signature

Date



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Hold-Harmless Agreement for Public Safety Cadets Program

I/We _____, Parents or Legal Guardian of

_____, **who is under the age of eighteen (18)**, do consent to my son/daughter's participation in the Public Safety Cadets Program of the Hoffman Estates Police Department of Cook County Illinois. I understand that as a member of the Public Safety Cadets Program that my son/daughter may ride/participate with a sworn officer or civilian personnel, in an authorized Hoffman Estates Police Department motor vehicle, and/or activity. This program is for the purpose of educational benefit. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations may arise which might result in my son/daughter being exposed to the danger of physical harm or injury, including but not limited to motor vehicle crashes. I nevertheless freely and voluntarily accept these risks.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the agents of the Village of Hoffman Estates, its Village Council, its employees, agents and servants harmless from all liability to my son/daughter, or to his/her property of his/her death sustained during the period of time he/she may be in the capacity of a Cadet, including damages or injuries resulting from any negligent acts or omissions of any officer, employee, or agent of the Village of Hoffman Estates or aforesaid.

This Hold-Harmless Agreement will remain in effect as long as the Cadet is an active member in good standing.

Cadet's Name _____ Age: _____

Address: _____

Parent/Guardian Name: (printed) _____

Home Phone: _____ Cell Phone: _____

Parent's Signature: _____ Date: _____



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Hold-Harmless Agreement for Public Safety Cadet Program

The undersigned, being **over the age of eighteen (18)**, does hereby request the Hoffman Estates Police Department of Cook County Illinois for permission to ride/participate with a sworn officer or civilian personnel, in an authorized Village of Hoffman Estates motor vehicle, and/or activity with the Public Safety Cadets Program. This program is for the purpose of educational benefit. I fully realize and appreciate the basic nature of law enforcement work and the possibility that situations may arise which might result in being exposed to the danger of physical harm or injury, including but not limited to motor vehicle crashes. I nevertheless freely and voluntarily accept these risks.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the agents of the Village of Hoffman Estates, its Village Council, its employees, agents and servants harmless from all liability to me for personal injury, property damage, or death that may be sustained during the period of time I may be in the capacity of a Cadet, including damages or injuries resulting from any negligent acts or omissions of any officer, employee, or agent of the Village of Hoffman Estates or aforesaid.

This Hold-Harmless Agreement will remain in effect as long as the Cadet is an active member in good standing.

CADET'S NAME _____ AGE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: (PRINTED) _____

HOME PHONE: _____ CELL PHONE: _____

EXPLORER'S SIGNATURE: _____ DATE: _____



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Cadet's Ride-Along Procedures

Date: _____ Cadet Name (printed) _____

You will have a patrol officer who will mentor you for a full year.

You will be able to ride along with him/her once every other month if you follow the rules below. It will be your responsibility in setting up this ride along. You can set the ride along up one of two ways:

1. Arrange your next ride along with your mentor by setting up a date in advance when he/she is working. Then e-mail me that date. I will fill out your paperwork and confirm the ride along by e-mailing, text message or calling you. You will make the bosses angry and ruin it for all who ride along if you don't go through me to put in the paperwork.
2. E-mail me the dates you are available to ride for that particular month. I will check the schedule for your mentor and pick a date that he/she is working. I will fill out the paperwork and will notify you of the date.

Please read the following rules and if you agree and would like to be a part of the ride along program, please sign at the bottom.

1. If you cancel a ride along, you will not be able to ride along until the next month, unless it is pre-approved through your mentor or myself.
2. If you miss a meeting/training you will not be able to ride along until you attend your next meeting.
3. You will not be able to ride along if you do not complete the ride along summary sheet and hand it into me.

Please read the above carefully and sign below if you understand the rules and your responsibilities for this ride along program.

Cadet Signature