



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

STAR CADET APPLICATION

Application Requirements

Please Note: These are the basic requirements to be considered for the Star Cadet Program with the Culpeper County Sheriff's Office. There may be other requirements not stated on this form. Each application will be reviewed and a decision made on a case-by-case basis.

1. Between ages 13 - 21 with physical and/or intellectual disabilities.
2. Must be a United States citizen
3. Must not have been convicted of any major criminal acts.
4. Parent/Legal Guardian must sign a waiver form.
5. Parent/Legal Guardian must accompany to all meetings/events.

Application Process

Please complete the attached application and be sure to have a parent/guardian signature. Return the completed application to the following address:

Culpeper County Sheriff's Office
ATTN: Star Cadet Advisor
14023 Public Safety Court
Culpeper, VA 22407

After the application is received, the Sheriff's Office will perform a criminal background check and contact all references. Please Note: This process may take a few weeks to complete. After all information is processed, the Sheriff's Office will contact the applicant to set up a formal interview. Please dress appropriately for this interview and be prepared to answer any questions we may ask. If you need any further information, please contact Culpeper County Sheriff's Office, Deputy Jonathan Jenkins at 540-729-1937 and/or Deputy Melissa Boorman at 540-718-8358.

Thank you for your interest in the Culpeper County Sheriff's Office Star Cadet Program.

Sheriff Timothy W. Chilton



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

STAR CADET APPLICATION

Star Cadet Information:

PLEASE PRINT CLEARLY

Cadet Name: _____

Date of Birth (month/day/year): _____ / _____ / _____

Address: _____

Home Phone: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Home Phone: _____

Address (if different from cadet): _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Contact Information: (other than parent/guardian accompanying cadet):

Name: _____

Cell/Home Phone: _____

Cadet Background Information - Answers are not automatic disqualifiers for participation in the program.

1) Was the cadet ever charged or convicted of a crime?

Yes No

If yes, indicate date, location and nature of offense:

2) Does the cadet have any behavior issues?

Yes No

If Yes, explain issues:

Teacher / Advisor Reference:

Name: _____

Phone #: _____

Email: _____

Please describe any physical/mental impairment, medical/sensory issues, or food allergies that will affect/limit the cadets participation in the Culpeper County Sheriff's Star Cadet program.



Culpeper County Sheriff's Office

Timothy W. Chilton, Sheriff

14023 Public Safety Court Culpeper, VA 22701

Office: 540-727-7520 Fax: 540-727-3466 Jail: 540-727-3434 Records: 540-727-3400

PARENTAL CONSENT FORM for CHILD PARTICIPANT - WAIVER / RELEASE of CLAIMS

STAR CADET NAME: _____

I wish my child, the above-named participant, to participate in the CULPEPER COUNTY SHERIFF'S STAR CADET PROGRAM herein after "Activity" sponsored by the Culpeper County Sheriff's Office.

I have been given information describing the nature of the Activity and the nature of the risks and dangers involved. I certify that I understand the nature of the Activity, its risks, and dangers. I understand and acknowledge that some of the injuries and/or illnesses which may result from participating may include, but not be limited to, exertion, sprains/strains, fractured bones, head or back injuries, paralysis or even death.

NOTWITHSTANDING, and with full and complete understanding of all dangers and risks the Activity involves, I voluntarily consent to my child's participation in the Activity and assume full responsibility and all risks of any kind, including personal and bodily injuries, death, and property damage that may be sustained as a result of my child's participation in the Activity. I agree to hold harmless Culpeper County, its Board of Supervisors, and/or the Culpeper County Sheriff's Office, including their officers, directors, employees, agents and volunteers (the "County") from any claims, liabilities, or causes of action of every nature and kind (including the cost of investigation) arising out of any act or omission by me or my child which involves, or in anywise relates to, my child's participation in this Activity.

I agree that the County may discontinue the Activity or require my child to leave the Activity or the premises on which the Activity is conducted at any time for any reason.

I authorize the County to seek emergency medical treatment for my child and to arrange for his or her transportation to a medical facility in the event of a medical emergency, a determination that I agree shall be within the discretion of the County if I am not present at the Activity to make such determination myself. I also authorize the County to disclose the consent of this form to any medical agency, medical staff engaged in providing medical services that may be required in the event of a medical emergency involving my child.

Culpeper County Sheriff's Office has my permission (both during and anytime after) to use my child for publication or posting of photos, quotes, audios, or videos on the Culpeper County Sheriff's Office sponsored web pages or Culpeper County Sheriff's Office Social Media.

I CERTIFY that I am: 1) the parent or legal guardian of the above-referenced child participant, 2) over eighteen (18) years of age; 3) mentally competent to consent to my child's participation in the consenting to release Culpeper County, its Board of Supervisors and/or the Culpeper County Sheriff's Office of any and all claims that may arise out of my child's participation in the Activity. I further consent that this Consent and Waiver/Release and Assumption of Risk shall be binding on the child, all other natural or adoptive parent(s) of my child, my heirs, executors, next of kin and assigns, or any other person who may claim by or through me. I acknowledge that the County has offered me no compensation, medical payments coverage, or other benefits in connection with the Activity.

READ THE FOREGOING RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK BEFORE SIGNING. THIS DOCUMENT IS VALID UNLESS AND UNTIL REVOKED IN WRITING AND REVOCATION DELIVERED TO CULPEPER COUNTY.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY CADET ADVISOR

Date Completed

APPLICATION RECEIVED		
CAD HISTORY		
RMS HISTORY		
LINX HISTORY		
DRIVERS LICENSE STATUS		
DRIVER TRANSCRIPT		
REFERENCES CHECKED		
INTERVIEW DATE		
ACCEPTED / DENIED		