



Loveland Police Department Youth Cadet Application

810 E. 10th St. Suite #100, Loveland CO 80537 | jon.allen@cityofloveland.org

My Information

Full Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>	
Address:	<i>Street Address</i>			
	<i>City</i>	<i>ZIP Code</i>		
Phone:	<hr/>			
Birth Date:	<hr/>			
E-mail Address:	<hr/>			
Are you a City of Loveland Employee?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

My Availability

How many hours are you available per week or month?

What days of the week are you available?

Do you have any physical restrictions that we need to accommodate?

Emergency Contact Information

First *Last* *Phone Number* *Relationship*

First *Last* *Phone Number* *Relationship*

Acknowledgement and Release

I acknowledge that the City of Loveland (City) is authorized to make any investigation regarding employment, volunteer or other history of any volunteer applicant. In the event that I am placed as a volunteer with the City, I agree to comply with all of its rules and regulations including without limitation the City Administrative Regulations posted on the Volunteer internet page and any rules specific to the program for which I volunteer. I understand that each volunteer is covered by an Accident Medical Insurance Policy with a limit of \$15,000 per incident and accept this as the limit of City liability while I perform or my minor child/ward performs as a volunteer with the City. I understand that no volunteer in the Volunteer Program is insured by Workers' Compensation insurance. I acknowledge that there are dangers and risks associated with participation in the Cadet or other Police programs and assume such dangers and risks, and any related injury, damage or loss for myself and/or my minor child/ward. In the event of an emergency, I authorize the City to secure medical treatment for my own or my minor child's/ward's immediate care, and agree to be responsible for payment of any medical services rendered. To the extent permitted by law, I hereby release and agree to indemnify the City, its officers, employees, and agents and any landowner upon whose property any Cadet or other Police program activities occur from any claims, demands, actions, damages and liability whatsoever, including without limitation any claims of personal injury and property damage arising from participation in the Volunteer Program by me or my minor child/ward. The City has my permission to use my image and/or the image of my minor child/ward for public relations purposes, unless I provide direction otherwise in writing. I certify that all statements on this application are true and complete and that I have read and understand this Acknowledgement and Release. I understand that false statements on this application shall be considered sufficient reason for termination of volunteer placement. A minor's signature must be accompanied by the signature of the parent or guardian.

Signature Required

Signature of volunteer (and Parent if under 18)

Date

Print Name(s):

***Disclosure Form on back**

10/02/2025

CONSENT TO DISCLOSURE FORM

In connection with your application to volunteer with the Police Department, you consent to the City obtaining one or more of the following reports: **Fingerprinting, Motor Vehicle Record Check, or Criminal/Juvenile History** as part of the process of considering your candidacy. You also consent to a periodic check of such records during the course of your placement: In the event information from the report(s) is used, in whole or in part, in making an adverse decision regarding your service as a volunteer, the City will provide you with a copy of the report as allowed by law. I authorize the City to obtain the necessary report(s) as listed above in order to consider me for the volunteer position I have applied for, and for subsequent checks as an Police Cadet volunteer for the City of Loveland. By signing below, you agree that the City is not liable for any actions taken as a result of the information contained in any reports secured. Information will be shared only on a need-to-know basis or as required or permitted by law.

Full Name: _____ *First* _____ *Middle Name Required* _____ *Last* _____

Social Security Number: _____ *Required for background check* _____ Birth Date: _____

Driver's License Number: _____ Driver's License State: _____

List all states you have lived during the past five (5) years: _____ *State* _____ *City* _____ *County* _____

_____ *State* _____ *City* _____ *County* _____

Statement of Criminal or Juvenile History

For the purposes of this affidavit, a person is deemed to be convicted or adjudicated of a felony or misdemeanor if such person has been adjudicated or convicted under the laws of the State or Colorado, or under the laws of another state, the United States, or any territory subject to the jurisdiction of the United States, of an unlawful act which if committed within the State of Colorado, would be a felony or misdemeanor. The term adjudicated or convicted means being found guilty by a jury or a judge, and also includes the forfeiture of any bail, bond, other security deposited to secure the appearance by a person charged with a felony or misdemeanor, the payment of a fine, a plea of "no contest", and the imposition of a deferred or suspended sentence by the court. (Please Note: Adjudications or convictions entered prior to your 18th birthday must be disclosed)

Have you ever been arrested, cited, adjudicated or convicted of a felony or misdemeanor or received a suspended sentence, deferred sentence, or forfeited bail for any offense in juvenile, criminal or military court. Or, do you have any charges pending in any court? YES NO

If yes, complete as applicable (use separate sheet if necessary):

_____ *Date of Conviction* _____ *Court* _____ *Offense* _____

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_____ *Arrest/Citation Date* _____ *Court/Jurisdiction* _____ *Offense* _____

_____ *Next Court Date* _____ *Court/Jurisdiction* _____ *Pending Offense* _____

I agree to notify the City of Loveland immediately in the event I am arrested, charged, adjudicated or convicted of any petty offense, felony or misdemeanor during my service as a volunteer with the City. YES NO

I have fully read and understand the information above. I have been provided an opportunity to ask questions about any information I don't understand and I have answered the questions in this statement fully and truthfully.

Signature Required

_____ *Signature of volunteer (and Parent if under 18)* _____ *Date* _____

LPD use only

Background check:

MVR check: