



KINGS MOUNTAIN PUBLIC SAFETY CADET UNIT 1780

APPLICATION

Name: _____ DOB: _____ Age: _____
 First Middle Last MM/DD/YYYY

Address: _____
 Street City Zip

Parent/Guardian phone number: _____ Email: _____

School Name: _____ Grade: _____

Personal or Professional Reference: _____
(must be over 18) Name: First, Last Email or Phone

Are you interested in one or more of the following? _____ Law Enforcement _____ Fire Dept/EMS _____ Military

Briefly describe your reason for wanting to join the Public Safety Cadets: _____

Signature Date

(Signature of Parent/Guardian if under 18) Date