



New Kent County Sheriff's Office Deputy Cadet

Participant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone Number: (____) - ____ - ____ DL State: ____ DL Number: _____

Date of Birth: _____ Social Security No.: _____ - ____ - ____

Are you a Virginia resident? YES NO If you are a High School graduate, are you YES NO
enrolled in a higher education program?

Are you enrolled in Middle School or YES NO If you answered yes above, please provide the name
High School? of your school and your current Grade Point Average:

Have you ever been convicted of a crime? YES NO _____ GPA: _____

If yes, explain: _____

Parent or Guardian Information

Parent or Guardian Name: _____
Last First MI

Social Security No.: _____ - ____ - ____ Date of Birth _____

Home Phone No.: (____) - ____ - ____ Cell Phone No.: (____) - ____ - ____

Address: _____
Street Address Apartment/Unit #

City/County State Zip Code

Disclaimer and Signature

I certify by signing, that my answers are true and complete to the best of my knowledge.

I certify by signing, I am the parent or legal guardian of the listed participant applicant. I certify by signing, I give the participant applicant my permission as the parent or legal guardian to participate in the New Kent County Sheriff's Office Deputy Cadet Program.

Signature: _____ Date: _____