



NATRONA COUNTY SHERIFF CADETS  
201 N DAVID ST  
CASPER, WY 82601  
307-235-9282



Dear Applicant,

First of all, I would like to thank you for your interest in joining the Natrona County Sheriff's Office Cadet Program. This program is designed for young adults ages fourteen through twenty-one to take the first steps into having a career in Law Enforcement. The program will also give you the tools you need in order to become a law abiding and successful individual within your community no matter what profession you decide to pursue in the future. The Natrona County Sheriff Cadets program is a non-profit organization that is sponsored by the Natrona County Sheriff's Office. By joining the Cadet Program you will be a representative of the Natrona County Sheriff's Office and with that will be required to maintain the highest level of accountability and professionalism in all aspects while participating in this program.

Please be aware that a **background investigation** will be completed to make sure that all potential applicants possess good morals and honest character. If you have been convicted of a felony crime you will not be able to participate in this program.

The following is a brief explanation of the induction process should you decide to continue with the Cadet Program and submit a Cadet application:

**Attend a Meeting:** Any prospective Cadet is required to attend two consecutive meetings to advance through and complete the application process. Should you fail to attend the two consecutive meetings you may continue the application process but will still be required to attend two consecutive meetings before being allowed to complete the induction process. During the two meetings you will not be allowed to participate in any "hands on" activities due to liability concerns but will be encouraged and welcome to participate otherwise. While attending the two meetings please feel free to ask any Cadet or any Advisor any questions you might have. Remember, the first two meeting is your opportunity to get to know our program as well as for member of the program to get to know you.

**Application:** At the first meeting introductions will be made and you will be given this letter along with the Cadet Program application. You will not need to complete the application again if you have previously submitted one. The application is required to be completed fully and turned in to a Cadet Officer or an Advisor at the second meeting. After your application is received a sworn Cadet Advisor will conduct a background check and may ask you to clarify any discrepancies or answer any questions the Advisor may have.

**Written Test:** Sometimes during the first two meetings (should you decide to go forward with the induction process) you will first be given a "POST" test to complete. This test will consist of basic reading comprehension, grammar, math, vocabulary, and decision making. You will have 1 (one) hour to complete the test and must pass the test with a minimum score of 75% to continue onto the next phase of the induction process.

Should you fail the test the induction process stops and you will not be allowed to join the program.



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After you have completed the test you will be given writing materials and will be asked to provide a writing sample. Instructions for the writing sample will be given to you at that time. After you have successfully completed and passed the test, you will be able to enjoy the rest of the meeting as an observer and limited participant.

**Oral Board Interview (Cadet Interview and Advisor Interview):** Should you pass the test, you will be interviewed by an oral board. The oral board will be conducted by a panel consist of ranking Cadets (Cadet Lieutenant, Cadet Sergeant, and or Cadet) and at least one Advisor. After the Oral Board conducts their initial interview you may be asked additional questions in regards to any concerns or issues the Board may have. Please come prepared for the interview and be ready to answer interview questions as if you are being interviewed for a job. After the interview, the Oral Board will make either a “Denied for Induction” or “Recommended for Induction” finding. If the Board makes a “Denied for Induction” ruling, the induction process will cease and you will not be allowed to join or participate in the program.

Should the Board recommend you for induction, you will be required to appear for an Advisor Interview. The Advisor Interview will be conducted by one or more Advisors who will conduct a separate interview with you and make the final determination as to whether or not officially induct you into the Cadet Program.

Failure to pass any portion of the induction process will prevent you from becoming a Cadet. Should this happen, **you will have to wait one calendar year to re-apply.**

If you pass all steps and are officially inducted into the Cadet Program you will be given further instructions and directions at that time.

Again, if you, at any time have any questions regarding the Cadet Program please direct your questions to any Cadet Officer or Advisor.

It is my honor to extend my welcome to you and look forward to having you as a Cadet.

Sincerely,

*Sergeant Mark Bahr*  
Natrona County Sheriff Cadets  
201 N David  
Casper, WY 82601



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**Natrona County Sheriff Cadets**  
**Cadet Application**

**Personal Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ | Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex: M / F | Race: \_\_\_\_\_

Height: \_\_\_\_\_ | Weight: \_\_\_\_\_ | Hair: \_\_\_\_\_ | Eyes: \_\_\_\_\_

City and State where born: \_\_\_\_\_ | US Citizen: Y / N

**Contact Information:**

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ | Cell phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ | Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Education:**

School Currently Attending: \_\_\_\_\_

School's Address: \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_



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Major (if applicable): \_\_\_\_\_ | GPA: \_\_\_\_\_ out of \_\_\_\_\_

**Job:**

Current Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ | Phone Number: \_\_\_\_\_

**Background Information:**

Have you ever been charged with a felony crime? Y / N

If yes were you convicted? Y / N

**If yes**, what was the date of conviction? \_\_\_\_\_

What was the location of conviction? (City and State) \_\_\_\_\_

What was the crime you were convicted of: \_\_\_\_\_

Have you ever been charged with a misdemeanor crime? Y / N

If yes were you convicted? Y / N

**If yes**, what was the date of conviction? \_\_\_\_\_

What was the location of conviction? (City and State) \_\_\_\_\_

What was the crime you were convicted of: \_\_\_\_\_

Are you currently on probation or parole? Y / N

**If yes**, name of Probation Officer: \_\_\_\_\_

Have you ever been on probation or parole? \_\_\_\_\_

Are you currently on Youth Diversion? Y / N



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If yes, name of Diversion Officer: \_\_\_\_\_

Have you ever been in youth diversion? \_\_\_\_\_

Have you ever consumed **Alcohol**? Y / N

If yes when was the last time used? \_\_\_\_\_

How much Alcohol do you consume when drinking? \_\_\_\_\_

Have you ever used **illegal drugs**? Y / N

If yes when was the last time used? \_\_\_\_\_

What drugs did you use? \_\_\_\_\_

Have you ever abused **prescription drugs**? Y / N

If yes what medication did you use? \_\_\_\_\_

**Medical Background:**

Do you have any medical problems or medical diagnoses which may prevent you from participating in activities which involve high impact or strenuous physical exertion, sustained periods of fatigue, or prolonged exposure to extreme weather and outdoor elements?

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Are you currently on **prescription medications**? Y / N

List all medications you are currently taking:

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**Mental Background:**

Have you ever attempted suicide? Y / N

If yes, how did you try? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever thought of committing suicide? Y / N

If yes, are you glad to be alive today? Y / N

Did you ever receive counseling for the attempted suicide? Y / N

Have you ever been diagnosed with any **mental illness** or **learning disability** of any kind? Y / N

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Goals:**

What do you expect to gain by joining the Cadet Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of goals do you have for your future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please list some of your hobbies. What do you enjoy doing in your spare time?

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Please list 3 personal references that we may contact. This may include family members, teachers, clergy, and /or friends.

Name	Phone Number	Best time to be reached
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

By signing this application I am stating that all the above information in **true and correct** to my knowledge and I have answered all questions truthfully and honestly.

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Signature

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Date



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**Authorization for Exchange of Confidential Information**

APPLICANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

As a parent/legal guardian/adult applicant, I hereby request release of confidential information (including educational plans, assessment results, medical findings, developmental, health, immunization history, legal proceedings, and/or relevant data) on the above applicant between the parties below.

Natrona County Sheriff Cadets  
 Name of Agency/Program/Organization

Natrona County School District  
 Name of Agency/Program/Organization

201 North David, 2<sup>nd</sup> Floor  
 Address

Any NCSD #1 School(s)  
 Address

Casper, Wyoming 82601  
 City, State Zip

Casper, Wyoming, 82601  
 City, State Zip

307-235-9282    307-235-9252  
 Phone #            Fax #

307-253-5200    -----  
 Phone #            Fax#

I request the following records be exchanged for the purpose of **Natrona County Sheriff Cadets**

- General Education Records
- Special Education Records
- Counseling Information
- Other Information, Specifically \_\_\_\_\_
- Discipline Records
- Medical Records/Information
- Testing Evaluation Results

**INFINITE CAMPUS INFORMATION:**

STUDENT ID #: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian/Adult Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Cadet Advisor/Deputy

\_\_\_\_\_  
 Date





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**FOR OFFICIAL USE ONLY** **DO WRITE BELOW THIS LINE**

Was application filled out properly and completely? Y / N

If no please explain:

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Checked for NCIC and Local warrants Y / N

Findings:

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Checked in CAD for criminal history Y / N

Findings:

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\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date