



VANCOUVER POLICE DEPARTMENT  
**CADET PROGRAM**



# APPLICATION PACKAGE



**2026/27  
CLASS 13**



# VANCOUVER POLICE DEPARTMENT **CADET PROGRAM**



The VPD Cadet Program provides students in Grades 10-12, living in or attending school within Vancouver, a unique opportunity to participate in applied educational workshops, physical training, recreational activities, community service, and drill.

Cadets develop skills in teamwork, leadership, and mentorship, and are exposed to a variety of basic law enforcement skills which they will be able to use throughout their everyday lives. Participants get an inside look at different police units, including the Marine Unit, Mounted Squad, Canine Unit, Traffic Section, and Gang Crime Unit, to understand how they work together to serve and protect Vancouver residents.

The purpose of the program is to instill life skills, leadership, confidence, and respect for themselves and others.

Class 13 of the VPD Cadet Program will commence  
September 2026 and be held weekly on Saturdays  
until the middle of May 2027.

**APPLICATIONS DUE NO LATER THAN MAY 13, 2026**

Late applications **will not be accepted.**

Email contact: [cadets@vpd.ca](mailto:cadets@vpd.ca)



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



## As an applicant, you **MUST** meet the following minimum requirements:

- Will be starting **Grade 10, 11 or 12** within the Vancouver School District in September 2026, **and/or** live in the city of Vancouver
- Must be between the ages of 14-17 at time of application
- Have good attendance at school with a goal of graduating
- Want to improve your physical fitness and health habits, while having fun
- Want to make new and lasting friendships
- Desire to make your community a better place
- Want to learn skills and methods to succeed into your future
- Looking for a challenge and willing to step outside of your comfort zone
- **WILL NOT** turn 19 years of age prior to May 10, 2026
- No pre-existing medical conditions or concerns that would prevent the applicant from fully participating in **all** program activities

## Attendance Policy:

The VPD Cadet Program consists of approximately 27 Saturdays and three Wednesday evenings throughout the year, as well as two overnight camps in October and April. Attendance is mandatory and communication from cadets is expected. You will be required to have a Facebook account to communicate with instructors and classmates.

## School Requirements:

The VPD Cadet Program requires cadets to be enrolled in school. Cadets are encouraged to work hard, pass their courses, and to have excellent attendance at school. Note: A Homework Help Club and Fitness Club are offered to assist cadets every second Wednesday evening. Participation is optional but encouraged.

### VPD Cadet Oath

*I do solemnly promise, upon my honour,  
to uphold the standards and duties of a VPD Cadet;  
I pledge to treat those at home, school, and in my community  
with respect and compassion,  
and I will support my fellow cadets at all times;  
I am trustworthy in words and actions and I will be accountable for the choices I make;  
I pledge to continuously work towards excellence  
and I will strive to go beyond the call in all aspects of my life;  
I will serve proudly as a VPD Cadet.*



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Preferred name

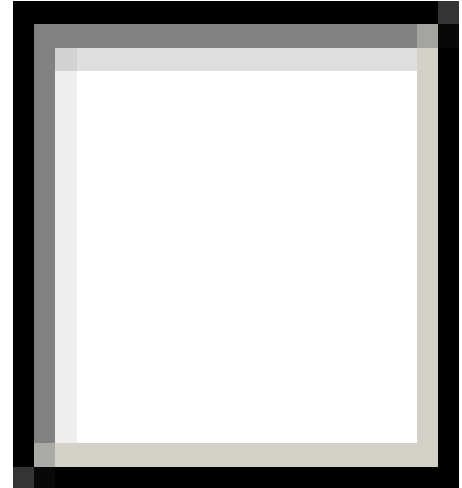


Photo Attached:  YES

Please check the box that applies to you:

Female  Male  Other

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Age

Grade in September 2026:  10  11  12

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City, Postal code

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
**YOUR cell phone #**

\_\_\_\_\_  
**YOUR email address (print clearly)**

\_\_\_\_\_  
Facebook user name

\_\_\_\_\_  
Instagram user name

\_\_\_\_\_  
TikTok user name

\_\_\_\_\_  
Snap Chat user name



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



T-Shirt size:  XS  S  M  L  XL  XXL

Sweatpants size:  XS  S  M  L  XL  XXL

Hoody size:  XS  S  M  L  XL  XXL

Pant or waist size: \_\_\_\_\_ Pant leg length: \_\_\_\_\_

Shoe size: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Is this your first time applying for VPD Cadets? \_\_\_\_\_

Do you know any VPD Cadets? If yes, who? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

## Medical Information:

Applicant name: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Allergies: (medications, foods, plants, insect bites)

Explain: \_\_\_\_\_

Food restrictions: \_\_\_\_\_





# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



## General Information:

Volunteer experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver's licence #: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Any tickets? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

How many times have you consumed alcohol? Details and date of last time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



How many times have you used drugs? Vaping? Details and date of last time:

---

---

Have you ever been stopped or "spoken to" by police? \_\_\_\_\_

---

How did you hear about the Vancouver Police Cadet Program?

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Police officer | <input type="checkbox"/> School counsellor | <input type="checkbox"/> Teacher      |
| <input type="checkbox"/> Friend         | <input type="checkbox"/> Flyer/poster      | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Internet       | <input type="checkbox"/> Other: _____      |                                       |

What do you hope to gain from this program? \_\_\_\_\_

---

---

---

List any sports that you play: \_\_\_\_\_

---



# VANCOUVER POLICE DEPARTMENT **CADET PROGRAM**



List your hobbies, recreation activities, or special interests: \_\_\_\_\_

\_\_\_\_\_

List any awards or special achievements? \_\_\_\_\_

\_\_\_\_\_

Do you have any military/sea/air cadet background? (group, rank, years within)

\_\_\_\_\_

Will there be any conflicts on Saturdays? (work, sports, hobbies, or family events) \_\_\_\_\_

\_\_\_\_\_

Are you available on Wednesday evenings? \_\_\_\_\_

\_\_\_\_\_



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



## WAIVER, RELEASE, & INDEMNITY

### 1. GENERAL

In consideration for the Vancouver Police Board allowing your child to participate in the VPD Cadet Program (the "**Program**"), including any camp retreats, you are signing this Waiver, Release, & Indemnity (the "**Waiver**"). By signing this Waiver, you and your child are, among other things, giving up the right to sue the Vancouver Police Board and the City of Vancouver and each of their elected officials, officers, employees, and representatives (collectively, the "**Police Board**").

### 2. ASSUMPTION OF RISKS AND ACKNOWLEDGEMENT OF RESPONSIBILITY

I, the undersigned parent/guardian, am aware of and freely accept and assume the risks, dangers, hazards, and potential consequences of my child's participation in the Program. I understand that the nature of the Program is such that the Police Board cannot identify all of the risks, dangers, hazards, and potential consequences of the Program and cannot guarantee that my child will not be injured or harmed. I understand and accept that it is my responsibility to consider and understand the risks, dangers, hazards, and potential consequences of the Program. I agree that my child's fitness level is appropriate for the Program and any known physical conditions that my child may have will not affect my child's participation in the Program.

### 3. WAIVER, RELEASE AND INDEMNITY

- (a) **I WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** that I, my child or my respective heirs, successors, executors, administrators, personal representatives, and assigns may have against the Police Board for any loss, injury, damage, or expense that my child may suffer, incur, or experience from participating in the Program, and **I RELEASE AND FOREVER DISCHARGE** the Police Board from any and all liability for any and all losses, injuries, damages, or expenses that I or my child may suffer, incur, or experience from participating in the Program; and
- (b) **I AGREE TO INDEMNIFY** the Police Board for and hold it harmless from any and all losses, injuries, damages, and expenses of any kind, including from any complaints, demands, claims, actions, suits, judgments, and orders brought by third parties, that the Police Board may suffer, incur, or experience as a result of my child's participation in the Program.

### 4. MISCELLANEOUS

I consent to the Police Board taking and using images of my child (including any motion picture or still photographs made by the Police Board of my child's likeness, poses, acts and appearances) for any purposes and without compensation to promote the Police Board and its activities, which may include advertising, promotion and marketing. The Police Board may crop, alter or modify images of my child and combine such images with other images, text and graphics, without notifying me or my child.



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



- (a) I acknowledge that my child has no pre-existing medical condition that would prevent them from participating in the physical activities of the Activity, and I acknowledge that the Police Board can remove my child from the Activity if they cannot safely participate in the Activity.
- (b) I acknowledge that the Activity may arrange transportation for participants, to and from, various activities.
- (c) I have carefully read and I understand the contents of this document and I am signing it voluntarily with full knowledge of its significance, intending that it be legally binding on myself, my child, my heirs, successors, executors, administrators, personal representatives, and assigns.
- (d) In entering into this Waiver, I am not relying on any oral, written, or visual representations from the Police Board.
- (e) I agree that this Waiver will be governed and interpreted by the laws of the Province of British Columbia.

**I HAVE READ, I UNDERSTAND, AND I ACCEPT THIS WAIVER.**

**PARENT/LEGAL GUARDIAN:**

Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARTICIPANT:**

Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reviewed for Completeness by Staff**

Name \_\_\_\_\_

Signature \_\_\_\_\_



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



## PARENT/GUARDIAN/CADET AGREEMENT

I, the undersigned parent/guardian, declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information will be cause for disqualification or termination from the program. I understand that appointment as a participant is as a volunteer and without entitlement of compensation or benefits of any kind, and that the Vancouver Police Department is free to decline to accept my child's participation for any reason at any time and my child is free to discontinue program participation at any time.

I now give permission for the Cadet applicant to participate in the Vancouver Police Department Cadet Program. I understand the importance of providing accurate and true information, and certify that the information provided is accurate and there are no physical limitations that would prevent the Cadet applicant from participating in the Cadet Program. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian listed above.

**All applicants are subject to a criminal record check.**

### PRELIMINARY BACKGROUND ASSESSMENT

If the Cadet applicant certifies that the answers they have given on the above questionnaire are true, complete and correct to the best of their knowledge and that they have not evaded or omitted any part thereof to reflect an untruth listed herein, they understand that falsification constitutes grounds for expulsion from the Cadet Program.

By signing below, all Cadet Applicants, parents, guardians have read and understand, and agree to all conditions listed in this application.

\_\_\_\_\_  
Cadet Applicant Signature

\_\_\_\_\_  
Cadet Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



## SOCIAL MEDIA AGREEMENT

**Guidelines:** Social media such as Snapchat, TikTok, Instagram, Facebook, X, YouTube, personal texting, and others, are powerful tools of communication that have a significant impact on personal reputation as well as the reputation of the Vancouver Police Department and the VPD Cadet Program. You and your parent / guardian must read and sign this contract acknowledging the responsibility as a member of the VPD Cadet Program to use the following guidelines when posting on social media.

1. I will not post or share information or photos about VPD Cadet activities, participants, or instructors online in any form (including but not limited to: email, texts, websites or social media websites) without the approval of instructors. NOTE: Social media sites are actively monitored by the Vancouver Police Department and will be monitored throughout the time in the VPD Cadet Program.
2. I, and my parent/guardian, now confirm that I only use the following social media channels and now agree to and consent to all social media channels used by me being monitored by the VPD for compliance with these terms and conditions. **Please initial beside each:**

Social Media	Cadet Applicant Initial	Parent/Guardian Initial
Facebook		
Instagram		
WhatsApp		
Snapchat		
TikTok		

3. I will add VPD Cadet Instructors as “friends” or other applicable method of providing access to the channel, and understand that my all of my channels will be monitored. A private Facebook group for the cadet class will be set up for communication between cadets and instructors. This Facebook group will be monitored by the VPD Cadet instructors.
4. Cyber bullying is the willful bullying or harassment of another person or persons’ through the medium of social media. Any participant in the VPD Cadets Program who engages in any form of cyber bullying will be asked to leave the program immediately and will be required to return any VPD Cadet apparel.

I, and my parent/guardian, acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.



# VANCOUVER POLICE DEPARTMENT **CADET PROGRAM**



In the event of a breach of these terms and conditions, I may be asked to leave the VPD Cadet Program and will be required to return any VPD Cadet apparel.

\_\_\_\_\_  
Cadet Applicant Signature

\_\_\_\_\_  
Cadet Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



## CONSENT AND RELEASE FOR PHOTOGRAPHS

I now irrevocably consent to and waive all claims for compensation and release the City of Vancouver, Vancouver Police Board, VPD and each of their respective officials, officers, employees and representatives (collectively, the "VPD") from any and all liability which may arise as a result of my child being photographed while participating in the Cadet Program, and for the subsequent use and display of the photographs in any media.

For clarity I, the undersigned parent or legal guardian of the Cadet applicant, now irrevocably consent to my child being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadet Program. I also give my consent for the VPD, including any of its divisions or units to use the photographs taken of my child to develop and display, in any media, brochures, posters, displays, or other items for the Cadet Recruitment purposes. I further authorize the use and display, in any media, of the photographs during other VPD sponsored promotional activity.

### I HAVE READ AND I UNDERSTAND THIS DOCUMENT

#### PARENT/LEGAL GUARDIAN:

Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### PARTICIPANT:

Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Reviewed for completeness by staff

Name \_\_\_\_\_

Signature \_\_\_\_\_



# VANCOUVER POLICE DEPARTMENT CADET PROGRAM



Please ensure the following is done prior to submitting your application:

- Completed and signed application submitted in **PDF FORMAT OR PHYSICAL COPY** (no screenshots, pictures, image attachments accepted)
- Most recent report card attached in **PDF FORMAT OR PHYSICAL COPY** (no screenshots, pictures, image attachments accepted)
- Recent photo of yourself (report card photos are acceptable)
- Ensure **your** email address is working and **your** cell phone is active

**\*\*DO NOT LEAVE ANYTHING BLANK\*\***  
**\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\***

**Options for Submitting Applications:**

- A current VPD Cadet or School Liaison Officer (SLO)
- Email it to [ApplyVPDCadets@vpd.ca](mailto:ApplyVPDCadets@vpd.ca)
- Drop off at the police station at 2120 Cambie Street, Vancouver
- Drop off at the police station at 3585 Graveley Street, Vancouver

**APPLICATIONS DUE NO LATER THAN MAY 13, 2026**

**Late applications will not be accepted. No exceptions.**

**Important Info:**

Check your email for any correspondence.

Applicant interviews will be taking place throughout the last two weeks of May and the first week of June 2026. There will be no additional dates for interviews.

Interviews will be scheduled either by email or by phone so ensure that you are checking both.

**Note:** If you do not obtain a position with the VPD Cadet program the first time you apply, we encourage you to apply again. It can be a difficult program to get into, as we have limited space available. Ensure that you respond promptly and submit all requested documents to be a competitive applicant.

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

WITNESS \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**