

JUNIOR POLICE ACADEMY APPLICATION

TOWNSHIP OF WASHINGTON/ WESTWOOD / EMERSON
POLICE DEPARTMENTS

(201) 664-1140 (Ext.171)

The Township of Washington / Westwood / Emerson Police Department's Community Policing Units will conduct a JUNIOR POLICE ACADEMY for qualified boys and girls between the ages of 10 and 14.

This 5-day program will be held at Westwood High School from Monday, June 24, 2019 through Friday June 28, 2019.

The daily schedule is from 8:30 A.M. to 2:30 P.M. Students are to be dropped off at Westwood High School. Transportation is the responsibility of the parent or guardian. Please be prompt when dropping off and picking up your children.

It is required that each student brings his or her own lunch for the first four days. Please label lunch containers. Throughout the day there will be several breaks between blocks of instruction, so several snacks/drinks (water/sports drinks) are recommended.

An official Graduation Ceremony and Pizza Lunch will be held on Friday June 28, 2019 at 1:00 P.M., parents and family are encouraged to attend.

There is a \$50.00 fee for each student. The fee will cover apparel and expenses for the Junior Police Academy. All checks should be made out to the "Pascack Valley Junior Police Academy".

DO NOT SEND FEES WITH APPLICATION.

Fees for the Academy are due once students have been advised of acceptance into the program. **The Washington Twp Police Department will notify you of acceptance into the program by email.** Please ensure that your correct email address is legible on page 3 of the Application.

Attached please find the required application forms that must be completed and returned no later than **May 31, 2019. Space is limited and late applications will not be accepted.**

All applications must be returned to Township of Washington Police Department, at 350 Hudson Ave, Washington Twp.

Sincerely,

Det. Heather Castronova
Washington Twp.

Sgt. Niko Pieratos
Westwood PD

Sgt. Randy Velez
Emerson PD

RULES AND REGULATIONS

Students will bring with them every day:

- JPA Bag
- JPA Shirt – to be worn ALL day EVERY day
- JPA Hat – to be worn ALL day EVERY day
- At least 1 Pencil
- At least 1 Pen
- A black permeate marker
- 1 bottle of hand sanitizer, 2 oz bottle recommended
- A reusable water bottle with recruits' name on it

Recruits will treat instructors and fellow recruits with respect

Recruits will follow orders of the instructors at all times

Raise your hand if you wish to speak.

Pay attention to the speaker.

Do not litter.

No foul language permitted.

No “horse-play” or fighting allowed.

Violation of rules will result in DISMISSAL from the program.

AUTHORIZATION TO ATTEND
THE TOWNSHIP OF WASHINGTON / WESTWOOD / EMERSON POLICE
DEPARTMENT'S
"JUNIOR POLICE ACADEMY"

The following information is requested of all prospective participants in the Township of Washington Police Department / Westwood / Emerson "Junior Police Academy" program. Any false or incomplete information could exclude the applicant from participating in this program. Please complete and return pages 3 through 6.

Student's Name _____
Last First

Date of Birth ____/____/____

Male / Female (circle one)

** T-Shirt Size _____
(Adult sizes only)

Address _____

Parent/Guardian _____

Contact Numbers: Home _____ Work _____

Cell Phone: _____ Email: _____

Emergency Contact

Name _____ Relationship _____

Phone _____

AUTHORIZATION TO ATTEND

THE TOWNSHIP OF WASHINGTON / WESTWOOD / EMERSON POLICE
DEPARTMENT'S

"JUNIOR POLICE ACADEMY"

INSTRUCTIONS TO APPLICANT

Approved applications shall meet the following requirements and assume responsibilities as stated:

1. Participant must be a resident of the Township of Washington, Westwood or Emerson.
2. Applicant must be ten (10) to fourteen (14) years of age by the start date.
3. The hours of operation for the program will be from 8:30 A.M. to 2:30 P.M.
4. Applicants accepted into the program will be advised of scheduled events planned for the exciting week of educational and fun programs related to police training.
5. Participants must adhere strictly to officer's instructions and departmental safety rules and regulations. Failure to follow these rules will result in removal from the program.

All the information contained in this application is correct and truthful to the best of my knowledge.

I have read the above instructions and agree to abide by these regulations.

Signature of Applicant

Date

AUTHORIZATION TO ATTEND

THE TOWNSHIP OF WASHINGTON / WESTWOOD / EMERSON POLICE
DEPARTMENT'S

"JUNIOR POLICE ACADEMY"

The undersigned parent/guardian, a resident of the Township of Washington / Westwood / Emerson has requested the opportunity to have their son/daughter participate in the Junior Police Academy.

In consideration of granting said request, the undersigned hereby, RELEASES AND FOREVER DISCHARGES the Township of Washington / Westwood / Emerson, the agents and employees thereof, FROM ALL CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE WHATSOEVER, which may result or occur at any time the child of the undersigned is in or about a police vehicle and/ or participating in the functions of the Junior Police Academy.

The undersigned further agrees to have their child obey directives of any such Township of Washington / Westwood / Emerson police officer while accompanying said officer and acknowledges that this privilege of accompanying the Township of Washington / Westwood / Emerson police can be rescinded at any time during the course of the academy, at the sole and absolute discretion of the police officer.

The undersigned certifies that their son/daughter is ten to fourteen years of age and that the undersigned has read this document and signs it of his/her free will.

PERMISSION REQUESTED from (Parent/Guardian)

CHILD'S NAME _____

Parents/Guardian

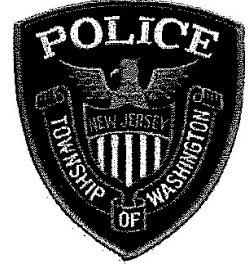
Date



TOWNSHIP OF WASHINGTON POLICE DEPARTMENT

350 HUDSON AVENUE
TOWNSHIP OF WASHINGTON, NJ 07676
HQ 201.664.1140

www.WashTwpPolice.org



USE OF PHOTOGRAPH PERSONAL RELEASE FORM

I, _____, confirm that I have agreed to have my child
_____ photographed in connection with their participation in a
Community Policing event involving the Township of Washington Police Department.

I hereby grant the Township of Washington Police Department and its successors, assigns and licensees,
the following rights worldwide, irrevocable, in perpetuity, in all media now known or hereafter devised:

- The right to photograph and record me in any manner.
- The right to use all images, likeness, photographs and recordings of me from this project, including advertising and publicity.
- "Photograph" means any photograph or photographic reproduction, still or moving, or any videotape, online, or live television transmission in which the individual is readily identifiable.

I expressly release the Township of Washington Police Department from all claims which I may have in connection with the use of my photograph, name, likeness or voice, and I agree to hold the Township of Washington Police Departments harmless against any liability, loss or damage (including reasonable attorney's fees) caused by, or arising from, any use of my appearance in the event.

By signing below, I acknowledge that I have the capacity to enter into this agreement and that I have read and agree to be bound by its terms.

MINOR - PARENT OR GUARDIAN AUTHORIZATION

Print name of participant

Signature

Date



Medical Information File
(Only fill out if needed)

The Pascack Valley Junior Police Academy has the pleasure of not only having a large amount of law enforcement officers present at the Academy, but we also have trained Emergency Medical Technicians present at all times during the Academy. In order for us to provide the best care possible to your child, we request you advise us of any medical conditions or concerns that you believe we should know about. If you fill this form out please print it out and attach a passport style photograph and have you child turn this page in along with their tuition on the first day of the Academy. This information will be kept by the head EMT. Any questions about providing pertinent medical information please contact the JPA representative from your local Police Department, Thank You.

Name : _____ **D.O.B. & Age :** _____

Emergency Contact Name and Phone Number :

Specify Medical Concern : _____

List of Medications that Recruit will be bringing with them to the program:

Attach Passport Style
Photo Here