

# ***2017 YOUTH POLICE ACADEMY APPLICATION***

***DEADLINE FOR SUBMITTAL: MAY 29, 2017***

***PLEASE RETURN TO:***

***ATTN: SERGEANT TARA HALPIN  
ADMINISTRATION BUILDING 1<sup>ST</sup> FL  
10 ELIZABETHTOWN PLAZA  
ELIZABETH, NJ 07207***

***MUST INCLUDE: 5 PAGE COMPLETED APPLICATION  
COPY OF RECENT REPORT CARD  
ONE PAGE LETTER OF REFERRAL FROM  
NON-FAMILY MEMBER***

**ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT**

**Sergeant Tara Halpin at [THALPIN@UCNJ.ORG](mailto:THALPIN@UCNJ.ORG)**

**Sergeant Kenny Gerhart at [KGERHART@UCNJ.ORG](mailto:KGERHART@UCNJ.ORG)**

**APPLICATION FOR 2017 YOUTH POLICE ACADEMY**  
**(ALL SECTIONS MUST BE FULLY COMPLETED)**

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

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

Last    First    Middle

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

#          Street    City    State

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Recruit's Email Address: \_\_\_\_\_

Social Media Names (Facebook, Twitter, Instagram, etc): \_\_\_\_\_

\_\_\_\_\_

<u>Name of School and Township</u>	<u>Current Grade Level in School</u> (EXAMPLE: 8 <sup>TH</sup> GRADE)
Name of Guidance Counselor: _____	

Parent/Guardian's Name: _____  Parent/Guardian's Email: _____  Day Phone: _____    Night Phone: _____
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Physician's Name: _____  Physician's Phone Number: _____
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<p><b><u>UNIFORM SIZES</u> (PLEASE BE VERY SPECIFIC IN SIZES)</b></p> <p><b>Please circle one of the following:      Adult size                  Youth size</b></p> <p><b>T-SHIRT SIZE (XS-XXXL):</b></p> <p><b>GYM SHORT SIZE (XS- XXXL):</b></p>
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Parent/Guardian Signature: \_\_\_\_\_ Recruit Signature: \_\_\_\_\_

## **REFERRAL LETTER**

MUST BE FROM A NON-FAMILY MEMBER. PLEASE INCLUDE HOW LONG YOU HAVE KNOWN THE APPLICANT, WHY HE/SHE WOULD BE A GOOD FIT FOR OUR YOUTH POLICE ACADEMY, AND WHAT MAKES HIM/HER STAND OUT FROM THE REST OF THE APPLICANTS.



**Certification and Release**  
**Of Information and Photographs**

I certify that all statements made on the attached application are true to the best of my knowledge and are made in good faith. I understand that I may not be considered for the Youth Academy if it is found that the information on this application is false. I can supply information that will prove entries on this application are true. I understand that a strict code of conduct will be adhered to while attending the Union County Sheriff's Youth Academy

I hereby authorize any representative of the Union County Sheriff's Office bearing this release to obtain information pertaining to my personal background including, but not limited to, academy and athletic achievement, attendance, driver's history files, and any other records that may be requested by such employee.

This release is executed with the full knowledge and understanding that the information is for the official and confidential use of the Union County Sheriff's Office.

The undersigned gives permission to the County of Union for the use and display of his/her or their child's photograph in publications, displays, web sites or advertisements.

The undersigned releases and forever discharges any and all claims and demands arising out of or in connection with the use of said photographs and images.

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

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

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

**Consent to Participate and Release from Liability Form**

THE UNDERSIGNED, PARENT/GUARDIAN, HEREBY GIVES PERMISSION AND AUTHORIZATION FOR THEIR SON/DAUGHTER TO PARTICIPATE IN ALL SCHEDULED ACTIVITIES INCLUDING BUT NOT LIMITED TO PHYSICAL TRAINING EXERCISES SUCH AS RUNNING, STRENGTH TRAINING, BLOCKS AND DEFENSES, WEAPON RETENTION AND TAKEDOWN AND HANDCUFFING TECHNIQUES. I ALSO CONSENT TO THE ADMINISTRATION OF EMERGENCY FIRST AID IF NECESSARY IN THE OPINION OF A CERTIFIED EMT.

THE UNDERSIGNED HEREBY RELEASES, HOLDS HARMLESS, INDEMNIFIES, DISCHARGES AND AGREES TO DEFEND THE COUNTY OF UNION, ITS EMPLOYEES, AGENTS, ASSIGNS, AND CONTRACTORS, INCLUDING THE UNION COUNTY PROSECUTOR'S OFFICE, THE OFFICE OF THE UNION COUNTY SHERIFF AND THE EMPLOYEES, AGENTS, ASSIGNS, AND CONTRACTORS THEREOF, FROM ANY AND ALL DAMAGES, CLAIMS, LOSSES, EXPENSES, ATTORNEY FEES, CAUSES OF ACTION, JUDGEMENTS, LAWSUITS, PROCEEDINGS AND/OR LIABILITIES OCCURRING BY REASON OF ANY INJURY TO ANY PERSON OR PROPERTY AS A RESULT OF

(                      NAME OF YOUTH                      ) PARTICIPATING IN THIS PROGRAM AND IN ANY CAPACITY OR FUNCTION AS A YOUTH ACADEMY PARTICIPANT.

THE UNDERSIGNED FURTHER AGREES TO OBEY DIRECTIVES OF THE SHERIFF'S YOUTH ACADEMY INSTRUCTORS, SHERIFF'S OFFICERS OR THEIR DESIGNEES WHILE ACCOMPANYING SAID OFFICER. ADDITIONALLY, PARTICIPATION IN THE PROGRAM CAN BE RESCINDED AT ANY TIME DURING THE COURSE OF THE ACADEMY WITHOUT CAUSE AND IS IN THE SOLE AND ABSOLUTE DISCRETION OF THE SHERIFF'S INSTRUCTORS.

I HEREBY ATTEST TO HAVING READ THIS DOCUMENT AND ACKNOWLEDGE THE UNDERSTANDING THEREOF.

PERMISSION GRANTED BY: (PARENT/GUARDIAN)

\_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGN PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

**Medical Certification Form**

(This form MUST be filled out completely filled out by your Doctor)

**Applicant's name:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

**Physician's Phone #:** \_\_\_\_\_

**Please circle yes or no if recruit has experienced any of the conditions below. (This will not exempt them from the program. We just need to be aware of their full medical history)**

<b>Asthma</b>	<b>YES</b>	<b>NO</b>	<b>Dizziness</b>	<b>YES</b>	<b>NO</b>
<b>Previous Knee injuries</b>	<b>YES</b>	<b>NO</b>	<b>Headaches</b>	<b>YES</b>	<b>NO</b>
<b>Previous Back injuries</b>	<b>YES</b>	<b>NO</b>	<b>Surgeries</b>	<b>YES</b>	<b>NO</b>

**Please provide specific information for any item listed above that was marked yes**

**List below all prescribed medications that the applicant is required to take regularly.**

1) **Name of Medication:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Dosage / Administration (Times per day):** \_\_\_\_\_

2) **Name of Medication:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Dosage / Administration (Times per day):** \_\_\_\_\_

**Any Special Needs/ Restrictions:** \_\_\_\_\_

\_\_\_\_\_ **The above applicant does not take any medications**

**Certification by Physician**

**Based upon a medical examination and a review of the applicant's health history, I certify that the applicant is medically fit to participate in Physical Conditioning and Defensive Tactics as part of the Union County Sheriff's Youth Academy. I understand that the course involves, but is not limited to, active and physical participation in strenuous activity without any limitations.**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**