

# **2019 YOUTH POLICE ACADEMY APPLICATION**

**DEADLINE FOR SUBMITTAL: MAY 27, 2019**

**PLEASE RETURN TO:**

**ATTN: OFFICER VICTORIA SMITH  
ADMINISTRATION BUILDING 1<sup>ST</sup> FL  
10 ELIZABETH TOWN 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)**

**Officer Victoria Smith at [Vsmith@ucnj.org](mailto:Vsmith@ucnj.org)**

**APPLICATION FOR 2019 YOUTH POLICE ACADEMY**  
**(ALL SECTIONS MUST BE FULLY COMPLETED)**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address: \_\_\_\_\_  
# Street City State

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

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

<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 Phone #:
Parent Guardian's Email:

<b><u>UNIFORM SIZES</u> (PLEASE BE VERY SPECIFIC IN SIZES)</b>
<b>Please circle one of the following:    Adult size            Youth size</b>
<b>T-SHIRT SIZE (XS-XXXL):</b>
<b>GYM SHORT SIZE (XS- XXXL):</b>

Have you ever been arrested for OR charged with Juvenile Delinquency?    Yes     No   
If yes, please explain:

\_\_\_\_\_

Have you ever received a summons, been charged with, or been arrested for a violation of Disorderly Persons Act, or any City ordinance?    Yes     No   
If yes, please explain:

\_\_\_\_\_

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 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)

Asthma	YES	NO	Dizziness/Fainting	YES	NO
Previous Knee injuries	YES	NO	Heart Conditions	YES	NO
Previous Back injuries	YES	NO	Surgeries	YES	NO

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): \_\_\_\_\_

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

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

**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