

Union County Sheriff's Office

Youth Police Academy

2023 Application



Application Deadline: May 25, 2023

Please return the completed application (4 pages & a copy of most recent report card) to: **Attn: Officer Victoria Smith**
Administration Building, 1st Floor
10 Elizabethtown Plaza
Elizabeth, NJ 07207

Program Dates: Grades 7th- 8th = July 10 – July 14, 2023
Grades 9th – 12th = July 17 – July 28, 2023

Youth Police Academy Contact Information:

Lieutenant Tara Halpin – thalpin@ucnj.org

Officer Victoria Smith – vsmith@ucnj.org



Union County Sheriff's Office Youth Police Academy Application



(All Sections Must Be Filled Out Completely)

Recruit Section

Date: _____

Last Name: _____ First _____ M.I. _____

Current Address: _____
Street City

Date of Birth: _____ Cell Phone: _____ Email Address: _____

Parent/Guardian Section

Name(s): _____

Phone #(s): _____

Email(s): _____

School Section

Name of School: _____

Phone #: _____ Current School Grade (ex: 8th grade): _____

Uniform Sizes

(Be very specific in sizes – ex: Size Medium, youth)

T-shirt Size (XS – 3XL): _____ Youth Adult

Gym Short Size (XS – 3XL): _____ Youth Adult

Has the applicant ever been arrested for OR charged with Juvenile Delinquency? Yes No

If yes, please explain:

Has the applicant 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:** _____



Union County Sheriff's Office Youth Police Academy Report Card



All youth police applicants MUST submit a copy of their most recent report card.

Failure to submit a copy of the most recent report card will automatically place your child's application in the pending folder. The applicants won't be approved and accepted into the program until we receive a copy of the report card.

Additional Program Information: Please visit our website at <https://ucnj.org/sheriff/youth-police-academy/>

Or Scan the QR code below





Union County Sheriff's Office Youth Police Academy



Certification & Release of Information/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 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.

PERMISSION GRANTED BY: (PARENT/GUARDIAN)

PRINT PARENT/GUARDIAN NAME

SIGN PARENT/GUARDIAN NAME

PARTICIPANT NAME

PARTICIPANT SIGNATURE

DATE: _____



Union County Sheriff's Office Youth Police Academy



Consent to Participate & Release from Liability

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 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 NAME

PARTICIPANT SIGNATURE

DATE: _____



Union County Sheriff's Office Youth Police Academy Medical Waiver



This form MUST be filled out completely by a doctor and STAMPED by the doctor's office.

Applicant's name: _____

Name of Physician: _____ Physician's Phone #: _____

Please circle yes or no if the applicant has experienced any of the conditions below during their lifetime.

| | | | | | |
|------------------------|-----|----|--------------------|-----|----|
| 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

Please list below all prescribed medications that the applicant is required to take regardless of frequency.

1) Medication Name: _____

Reason for Medication: _____ Dosage (times per day): _____

2) Medication Name: _____

Reason for Medication: _____ Dosage (times per day): _____

3) Medication Name: _____

Reason for Medication: _____ Dosage (times per day): _____

_____ The above applicant does not take any medications

List any special needs and/or 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 all physical activity 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's Stamped Signature

Date