

Union County Sheriff's Office

# Youth Police Academy

## 2026 Application



**Application Deadline: May 29, 2026**

**Please return the completed application WITH A COPY of the child's most RECENT REPORT CARD to:**

**Attn: UCSO Training Unit – Youth Academy  
Union County Sheriff's Jail  
15 Elizabethtown Plaza  
Elizabeth, NJ 07207**

**Program Dates: Grades 7<sup>th</sup>- 8<sup>th</sup> = July 13 – July 17, 2026  
Grades 9<sup>th</sup> – 12<sup>th</sup> = July 20 – July 31, 2026**

**Youth Police Academy Contact Information:  
[UCSOTraining@ucnj.org](mailto:UCSOTraining@ucnj.org)**



# Union County Sheriff's Office Youth Police Academy Application



**(All Sections Must Be Filled Out Completely)**

## Recruit Section

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: 8<sup>th</sup> 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 academy 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. Applicants will not 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

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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'S NAME

\_\_\_\_\_  
SIGN PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
DATE:



# Union County Sheriff's Office Youth Police Academy



## Consent to Participate & Release from Liability

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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'S NAME

\_\_\_\_\_  
SIGN PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
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