



## EWING POLICE DEPARTMENT YOUTH ACADEMY



Attached is an application form for the Ewing Police Department Youth Academy. The goal of the youth academy is to form positive partnerships between the youth of our community and the Police Department. The Youth Academy is open to all Ewing residents, ages 12-14. The Youth Academy will be held at Ewing Police Department.

The classes will consist of seven (7) daily hours of instruction, for five (5) days. The program will begin at 8:30 AM and will end at 3:30 PM.

The class dates are as follows:

|           |                           |   |
|-----------|---------------------------|---|
| Session 1 | Monday August 19, 2024    | 8:30 AM – 3:30 PM                       |
| Session 2 | Tuesday August 20, 2024   | 8:30 AM – 3:30 PM                       |
| Session 3 | Wednesday August 21, 2024 | 8:30 AM – 3:30 PM                       |
| Session 4 | Thursday August 22, 2024  | 8:30 AM – 3:30 PM                       |
| Session 5 | Friday August 23, 2024    | 8:30 AM – 12:00 PM (Graduation follows) |

### **PARTICIPANTS *MUST* ATTEND ALL CLASSES TO GRADUATE.**

The class size is limited to the first 20 applicants. A waiting list will be formed with the remaining applications. It is important to complete and return your registration form as soon as possible. The applications must be returned no later than Monday, July 15, 2024.

Return completed application form to:

Ewing Police Department  
Attn: Det. Danielle Bethea  
2 Jake Garzio Drive  
Ewing, NJ 08628

You will be notified by mail and given any additional information needed to attend the youth academy. If you need any additional information, please feel free to contact Det. Danielle Bethea of the Ewing Police Department at 609-882-1313 ext. 7781 or email at [dbethea@ewingnj.org](mailto:dbethea@ewingnj.org).

Sincerely,  
*The Academy Staff*

Please Check Type of Application:  Applicant  Class Helper – (If Class Helper which class did you graduate from # \_\_\_\_\_ )

**Applicant's Information – Fill in the required information.**

|              |  |   |                |           |
|--------------|--|---|----------------|-----------|
| First Name:  | Last Name:   | Sex:  | Date of Birth: | Age:      |
| Address:     |  | City:   | State:         | Zip Code: |
| Telephone #: | <b>Shirt</b> <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium<br><b>Size:</b> <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL | <b>Shorts</b> <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Large<br><b>Size:</b> <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult XL |                |           |
| School :     | Grade:   | Email:  |                |           |

**Emergency Contact Information #1 - Fill in all the required information.**

|                               |  |            |        |           |
|-------------------------------|--|------------|--------|-----------|
| Emergency Contact First Name: |  | Last Name: |        |           |
| Address:                      |  | City:      | State: | Zip Code: |
| Contact Phone Number:         |  | Email:     |        |           |

**Emergency Contact Information #2 - Fill in all the required information.**

|                               |  |            |        |           |
|-------------------------------|--|------------|--------|-----------|
| Emergency Contact First Name: |  | Last Name: |        |           |
| Address:                      |  | City:      | State: | Zip Code: |
| Contact Phone Number:         |  | Email:     |        |           |

**Waiver of Liability**

-In recognition of the privilege granted to my child by the Chief of Police to participate in the Ewing Police Department Youth Police Academy, I release the Township of Ewing, Albert Rhodes, Chief of Police), all Township personnel, employees, officials or agents, from any liability or contribution to such liability, for any injuries sustained while my child is engaged in this program.

-It is further understood and agreed that the privilege of participating in the Ewing Police Department Youth Police Academy may be revoked by the Chief of Police or his designee if my child engages in any behavior, speech, writings, gestures, etc. which they deem improper or inappropriate.

-I further understand that my child will be performing many hands-on and physical activities, including a physical agility session. The physical agility session may include push-ups, pull-ups, sit-ups, running, etc. I agree to notify the academy staff of any medical or health problems my child may have that might limit or exclude my child from participation in these activities.

-I hereby permit my child to participate in the Ewing Police Department Youth Police Academy. Parent / Guardian signature required on this form to participate.

|                                    |                            |       |
|------------------------------------|----------------------------|-------|
| Parent/Guardian Name: PLEASE PRINT | Parent/Guardian Signature: | Date: |
|------------------------------------|----------------------------|-------|

**Photo/Video Release**

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any Ewing Police Department / Town of Ewing's websites, social network sites, publications, demonstration, or display of photographs and or video/film recording of The Ewing Police Department / Ewing Youth Police Academy / and the Town of Ewing. The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by Ewing Police Department / Town of Ewing to ensure confidentiality, I knowingly, intentionally, and voluntarily, and for my heirs and administrators and assigns, do, generally release Ewing Police Department and the Town of Ewing, its directors, officers, agents, employees, and members from any or all liability of every nature for the use of appropriation of my name or likeness. I further waive any and all claims or causes of action or claims including, but not limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand and consent and effect of this release and intending to be legally bound hereby, sign.

|                                    |                            |       |
|------------------------------------|----------------------------|-------|
| Parent/Guardian Name: PLEASE PRINT | Parent/Guardian Signature: | Date: |
|------------------------------------|----------------------------|-------|

**POLICE USE ONLY – Do Not Write Below**

|                                    |                                    |                |
|------------------------------------|------------------------------------|----------------|
| Accepted: <input type="checkbox"/> | Declined: <input type="checkbox"/> | Squad: _____   |
| Application #:                     | Class #: _____                     | Officer: _____ |

**Ewing Police Youth Academy Application (continued)**

**Applicant's Information – Fill in the required information.**

|  |            |                            |       |
|--|------------|----------------------------|-------|
| First Name:  | Last Name: | Date of Birth:             | Age:  |
| <b>Rules and Regulations</b>   |            |                            |       |
| <ol style="list-style-type: none"> <li>All participants must be on time for each session. All participants must attend all sessions to graduate and receive a certificate. If unable to attend a session, please inform an academy staff member that you will be absent. In case of an emergency absence or illness contact telephone number 882-1313 extension 7001 and leave a message for an academy staff member.</li> <li>All participants are required to wear the issued shirt, hat and identification badge while attending the academy. The identification badge must be worn on your outermost garment at all times, for identification purposes.</li> <li>All participants are required to keep a neat uniform appearance at all times, while attending the academy. Always take pride in your uniform appearance!!!</li> <li>All participants are required to act responsibly while attending the academy. No foul language, gestures or any other acts deemed improper by the staff will be tolerated.</li> <li>All participants will promptly obey all directions given by academy staff, police personnel or their representatives. The rules of the academy are for the protection of the participants and will be strictly enforced.</li> </ol> |            |                            |       |
| Applicant Name: PLEASE PRINT   |            | Applicant Signature:       | Date: |
|  |            | Parent/Guardian Signature: | Date: |

|   |                        |                            |
|---|------------------------|----------------------------|
| <b>Recommendations</b>  |                        |                            |
| Each applicant is required to have two recommendations. Acceptable recommendations can be from the following: <ul style="list-style-type: none"> <li>Your current school Principal/Administrator.</li> <li>Your current school counselor.</li> <li>A teacher or other staff member of your school.</li> </ul> | 1. Recommender's Name: | Recommender's Signature:   |
|   | Phone Number:          | Relationship to Applicant: |
|   | 2. Recommender's Name: | Recommender's Signature:   |
|   | Phone Number:          | Relationship to Applicant: |

|  |                      |       |
|--|----------------------|-------|
| <b>Applicant Statement</b>   |                      |       |
| Complete the following question. Print NEATLY <ol style="list-style-type: none"> <li>Explain why you would like to attend the Ewing Police Department's Youth Police Academy.</li> </ol> |                      |       |
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| Applicant Name: PLEASE PRINT   | Applicant Signature: | Date: |