

## 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 22, 2022	8:30 AM – 3:30 PM
Session 2	Tuesday August 23, 2022	8:30 AM – 3:30 PM
Session 3	Wednesday August 24, 2022	8:30 AM – 3:30 PM
Session 4	Thursday August 25, 2022	8:30 AM – 3:30 PM
Session 5	Friday August 26, 2022	8:30 AM – 3:30 PM

## 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, August 1, 2022.

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.

Sincerely,
The Academy Staff

## Ewing Police Youth Academy Application Applicant Class Helper – (If Class Helper which class did you graduate from #

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Applicant's Information	– Fill in 1	the required	d int	ormation.							
First Name:	Last N	lame:			Sex:		oate o	f Birth:			Age:
Address:				City:				State:		Zip Code:	
Telephone #:	Shirt Size:			Adult M		Sh Siz	orts	Adult S	Small Medium		lt Large It XI
School :	0.20.			Grade:		1	Ema				
Emergency Contact Inform	ation #1	- Fill in all the	e ren	uired inform	ation						
Emergency Contact First		1 III III UII CIIC	. rcq	anca miorini	ation.	Last	Name	::			
Address:			City	<b>/</b> :				State:		Zip Code	2:
Contact Phone Number:		1			Email:			•			
<b>Emergency Contact Inform</b>	ation #2	- Fill in all the	e req	uired inform	ation.						
Emergency Contact First						Last	Name	::			
Address:			City	<b>/</b> :				State:		Zip Code	<b>:</b> :
Contact Phone Number:		1			Email:			<b>-</b>		•	
				Waiver of I	iability						
-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 signature required on this fo		•	the	Ewing Police	Departme	ent Yo	uth Po	olice Acadei	my. Pare	ent / Guardi	an
Parent/Guardian Name:	PLEASE I	PRINT	Par	ent/Guardiar	Signature	2:			Date:		
			D	hoto/Vidos	Poloaco						
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:	PLEASÉ I	PRINT	Par	ent/Guardia	an Signat	ure:			Date:		
POLICE USE ONLY – Do Not Write Below											
Accepted:	Decline								Squa	d:	
				Cl					Office	er:	
Application #:				Class #:							

Ewing Police Youth Academy Application (continued)							
Applicant's Information – Fill in the required i			Application (c	Ontinue	eu j		
First Name: Last Name:			Date of Birth:		Age:		
					1.84		
		Rules and Regulati	ons				
<ol> <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> <li>Applicant Name: PLEASE PRINT</li> <li>Applicant Signature:</li> <li>Date:</li> </ol>							
Parent/Guardian Name: PLEASE PRINT		Parent/Guardian	Signature.		Date:		
		Recommendation	าร				
Each applicant is required to have two	1. Rec	ommender's Name	-	Recomm	nender's Signature:		
recommendations. Acceptable recommendations can be from the following:	Phone	Number:			onship to Applicant:		
Your current school							
Principal/Administrator.  • Your current school counselor.		ommender's Name			nmender's Signature:		
<ul> <li>A teacher or other staff member of your school.</li> </ul>	Phone Number:			Relationship to Applicant:			
		Applicant Stateme	) at				
Complete the following question. Print NEATI  1. Explain why you would like to atten		Applicant Stateme		e Academ	iy.		
Applicant Name: PLEASE PRINT		Applicant Signatu	ıre:	1	Date:		