

Paulsboro/Greenwich Twp Junior Police Academy

Location:

Paulsboro High School

670 N Delaware St, Paulsboro Nj, 08066



Date: July 22-26,
2024
8am-3pm



PROGRAM INCLUDES:

- Team Building Exercises
- Physical Fitness
- Military Drill
- Leadership Training

Eligibility:

- Grades 4-12
- Paulsboro/ Greenwich Twp Student/ Resident
- Completed Application deadline: June 21,2024

*****Applications will be available via Police Departments and Schools*****

FOR QUESTIONS/ CONCERNS CONTACT:

apierce@paulsboropd.com or

kdavis@greenwichpd.com

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JUNIOR POLICE ACADEMY

2nd Annual Paulsboro/ Greenwich Twp Junior Police Academy Application



Overview

The 2024 Junior Police Academy will be held July 22-26 and is open to those in Grades 4th -12th. There is no fee to attend the program, but priority will be given to Paulsboro/Greenwich Twp residents.

Purpose

The mission of the Junior Police Academy is to offer youths the opportunity to experience the methods and techniques often used in Law Enforcement. The academy will focus on key aspects of the Law Enforcement profession including respect, self-discipline, integrity, equality, education, and physical fitness. Daily exercises, scenarios, and training will help the cadets build an understanding of the Law Enforcement profession while focusing on problem solving and the role of the Police Officer as a public servant.

Application

The application for the Junior Academy can be found at the cadet's respective school in the guidance office, Paulsboro Police Department and the Greenwich Township Police Department. Applications must be completed and submitted no later than June 21, 2024. Completed applications can be turned in at the Paulsboro or Greenwich Twp. Police Department or to the applicant's respective school Principal or Counselor. Please contact Officer Pierce at apierce@paulsboropd.com or Detective Davis kdavis@greenwichpd.com if you have any questions with the application or academy process. Greenwich Township applicants must also complete an additional Permission Form, which is attached to the application.

Applicant Information:

NAME: _____

DATE OF BIRTH: _____ Age: _____

ADDRESS: _____

T-SHIRT SIZE (PLEASE CIRCLE ONE):

YOUTH - S M L XL XXL

ADULT - S M L XL XXL

Please explain why you wish to enroll in the Junior Police Academy:

Please list any medical/ allergies concerns that would prohibit you from participating in physical fitness activities and minor physical contact during any portion of this Junior Academy:

Please list organizations with which you are/were involved and any awards or recognition you have received:

****The determination of medical restriction is your responsibility. Seek competent medical advice about any condition that may cause concern. Your signature releases Paulsboro/ Greenwich Twp Police Department and Paulsboro High School from liability.****

APPLICANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Parent/Guardian:

NAME: _____

ADDRESS: _____

HOME/WORK: _____ CELL: _____

EMAIL (Parent/Guardian): _____

EMPLOYER: _____

ADDITIONAL AUTHORIZED PERSON FOR PICKUP:

NAME: _____ PHONE #: _____

AUTHORIZED TO WALK HOME: YES NO

If you have any questions, please contact Officer Pierce at apierce@paulsboropd.com or Detective Davis at kdavis@greenwichpd.com .

PHOTO/VIDEO INFORMATION AND RELEASE

The Paulsboro/Greenwich Township Police Department(s) would like permission to release photographs/video of your child that may be taken while they attend the Junior Police Academy. These photographs/videos may be released in a variety of ways, which may include television networks, newspaper outlets, educational purposes, promotional items for future events, Paulsboro/Greenwich social media accounts.

Your permission is required for the release of these photos/videos and/or their name. Photographs may have captions describing the photograph and the academy. These captions may include your child's name with your signed permission. Please sign and return the form below. Check each box that applies.

I give permission for the release of the following:

- Photos: YES NO
- Videos: YES NO
- Child's name: YES NO

APPLICANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Greenwich Township Police Department

Junior Police Academy Permission Form

I hereby grant permission for _____ to participate in Greenwich Township's Junior Police Academy on _____ and hereby agree as follows:

1. I fully understand and acknowledge that: (a) Risks and dangers exist in my child's participation in Junior Police Academy; (b) My child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property; (c) These risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to physical activity, weather conditions, and other such risks, hazards and dangers that are integral to recreational activities that take place in an outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.
2. I have been advised that my child must wear appropriate footwear (sneakers) at all times while participating in the program.
3. I affirm that my child will not be under the influence of alcohol, controlled dangerous substance, or any other behavior altering substance and will not carry or consume these substances before or during his/her scheduled activities.
4. I affirm my child is in good health. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problem, which will present any risk to his/her participation in the activities. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.
5. Any claims or dispute arising from my child's participation shall be venued in the Gloucester County Superior Court of the State of New Jersey.

I HAVE READ THE ABOVE AND BY SIGNING BELOW I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN GREENWICH TOWNSHIP POLICE DEPARTMENT'S JUNIOR POLICE ACADEMY AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

I do I do not permit the use of any photo, film, sketch, or any other image (s) of my child taken during the program to be used for publicity, advertising, promotion, or other purposes.

Child's Name: _____ Age: _____
 Home Address: _____
 Parent/Guardian Name: _____ Relationship to Child: _____
 Phone #: _____ Email: _____

Parent/Guardian Signature

Date