



ACTIVITIES INCLUDE:

- Physical Fitness
- Team-building Exercises
- School Safety & Bullying
- Drug Awareness
- K9 and SWAT Demonstration
- NJSP Aviation Unit Demonstration
- NJSP Mounted Unit Demonstration
- Crime Scene Processing

REQUIREMENTS:

- Must be a resident of Paulsboro or Greenwich Township.
- Open to students in grades 4 through 12.
- Must maintain good academic standing.
- Must be capable of participating in moderate physical activity.



DATE: JULY 21- JULY 25 | LOCATION: PAULSBORO HIGH SCHOOL | COST: FREE!

QUESTIONS? EMAIL: SOCIAL@GREENWICHPD.COM

 [GTPDNJ](https://www.instagram.com/GTPDNJ)



Greenwich Township Paulsboro Junior Police Academy Application



Academy Overview

The Junior Police Academy will be held from **July 21–25, 2025**, for students entering **grades 4 through 12**. There is **no fee** to attend, but **priority will be given to Paulsboro and Greenwich Township residents**.

Purpose

The mission of the Junior Police Academy is to provide youth with the opportunity to experience the methods and techniques used in law enforcement. The academy emphasizes key values such as **respect, self-discipline, integrity, equality, education, and physical fitness**.

Cadets will participate in daily exercises, training scenarios, and team-building activities designed to foster a better understanding of the law enforcement profession. The program focuses on **problem-solving skills** and the role of the police officer as a **public servant**.

Application Process

Applications are available at the **guidance offices** of participating schools or at the **Paulsboro Police Department** and **Greenwich Township Police Department**.

If you have any questions about the application or the academy, please contact:

- Officer Pierce at apierce@paulsboropd.com
- Detective Davis at kdavis@greenwichpd.com

Completed applications should be returned by **June 13, 2025** to:

- **Paulsboro Police Department**
- **Greenwich Township Police Department**
- The applicant's school principal or guidance counselor

Junior Police Academy Application Form

Applicant Information

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Uniform Size

Shirt: _____ Pants: _____

Applicant Questions

1. Why do you wish to enroll in the Junior Police Academy?

2. List any medical conditions or allergies that may limit your participation in physical fitness or contact activities:

3. List any organizations you are or were involved with and any awards or recognitions received:

Junior Police Academy Application Form

⚠ Medical Disclaimer

The determination of medical restrictions is the responsibility of the applicant and their guardian. Please consult a healthcare provider about any medical concerns. Your signature releases the Paulsboro Police Department, Greenwich Township Police Department, and Paulsboro High School from liability.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Information

Name: _____

Address: _____

Home/Work Phone: _____ **Cell:** _____

Email: _____

Employer: _____

Emergency Contact / Pickup Authorization

Additional Authorized Pickup Person: _____

Phone Number: _____

Authorized to Walk Home: ☐ Yes ☐ No

Photo/Video Release

The Paulsboro Police Department and Greenwich Township Police Department requests permission to use photos or videos of your child participating in the Junior Police Academy. These may appear in:

- Television or newspaper coverage
- Educational or promotional materials
- Social media platforms

Please check each box to indicate your permission:

Photos: ☐ YES ☐ NO

Videos: ☐ YES ☐ NO

Child's Name in Captions: ☐ YES ☐ NO



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



No
Residency
Requirement



Scan the QR Code
to Register

2025 REGISTRATION DATES

MAY 20TH - JULY 31ST



Age Groups:


5-6 Freshman CO-ED
7-8 Sophomore CO-ED
9-10 Junior CO-ED
11-12 Senior CO-ED
13-14 PRO CO-ED
15-16 Elite CO-ED
8-10 Girls Division
11-14 Girls Division

Free Drills and Skills Camp May 31st
Practice Starts August 18th
Opening Day September 6th
Season ends October 25th

Coaches Needed
Background Checks Required

gibbstownflagfootball@yahoo.com

Follow us on Facebook!



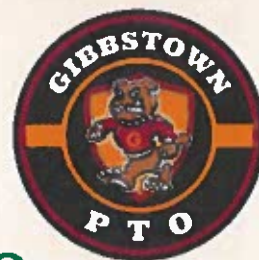
Let's make
the end of the
school year
INK-credible!



TATTOO A TEACHER FUNDRAISER



To help raise money
for the **Gibbstown PTO**



Visit <https://tat-a-teacher-fundraiser.cheddarup.com> to order a temporary tattoo for your teacher to rock to school on June 2nd!



Emmanuel Cancer Foundation Food Drive

Some food ideas:

Peanut butter
Jelly
Packaged goods
Tomato Sauce
Cereal
Pancake Mix
Tea/Coffee/Juice
Crackers
Water
Oatmeal
Toiletries
Paper products
Laundry
Detergent
Cleaning Supplies

The food drive will be
available to donations
May 1st - May 30th

The **purpose** of this food
drive is to help families
struggling with childhood
cancer and to help make
their lives a little easier.

Some food ideas:

Peanut butter
Jelly
Packaged goods
Tomato Sauce
Cereal
Pancake Mix
Tea/Coffee/Juice
Crackers
Water
Oatmeal
Toiletries
Paper products
Laundry Detergent
Cleaning Supplies



EMMANUELcancerFOUNDATION

SUPPORT FOR KIDS WITH CANCER AND THEIR FAMILIES

“What this organization has done for our family, is to walk along beside us. That is a priceless gift. Thank you”—ECF mom



Who We Are: For over 40 years, the Emmanuel Cancer Foundation (ECF) has been dedicated to helping hundreds of NJ families facing pediatric cancer. They count on ECF to provide comfort and relief through free supportive in-home/virtual counseling for the whole family, material support such as food, clothing, toys, and gifts, and emergency financial assistance. From our four regional centers, **we serve families in every county in the state.** ECF helps them navigate the complicated world of cancer, preserve their emotional well-being, and relieve their day-to-day burdens.

What makes ECF unique?

- We help families with their day-to-day issues, at home, where families feel isolated and miss the supportive network found in a medical setting.
- ECF recognizes that every one of our families has a different experience so we offer services based on their individual needs.
- Our support is free and doesn't expire
- We have four regional food pantries.
- In home or virtual counseling by highly credentialed caseworkers is our hallmark.
- We assist the entire family unit, including siblings.



How Your Support Makes a Difference

ECF receives no government funding, so we rely on our individual, foundation and corporate donors to continue providing the vital services the families count on. We can't do what we do without your kindness!

In supporting ECF, you offer a much-needed helping hand to families undergoing enormous challenges. You can ensure these families can get the basic necessities—food on the table, heat and lights on, a safe place to live. You can also provide professional counseling for families struggling with fear, despair and uncertainty.

"From the moment I reached out, ECF has been by my side. They have helped many times with things like rent, utility bills, gas and supermarket gift cards to make my life easier. They never say I'm asking for too much but instead always say they will help however they can."—ECF Mom

\$10,000 will provide counseling for 5 families for one year

\$5,000 will pay household bills for 3 families

\$2,000 will provide counseling for 10 families for two months.

\$1,500 will provide rental assistance for three families.

\$1,000 will purchase essential medical supplies.

\$500 will cover scholarship costs for a college bound kid.

\$250 will cover the cost of essential medical supplies for one family.

\$100 will cover meals for families while at a child's bedside.

\$50 will pay for gas and tolls for a family's many trips to treatment

Any amount is impactful!



Meet an ECF kid:

Bella was diagnosed with leukemia when she was just 3 years old. She suffered terrible side effects from the chemotherapy, including multiple dangerous infections. Seeing their youngest child fighting to survive was gut wrenching. Her dad calls Bella a valiant warrior. *"There is no way we could have managed this alone,"* he said. *"Emmanuel Cancer Foundation was a light shining in the dark. They helped us deal with our stress and intense emotions. They delivered groceries every month, gave us Christmas and birthday gifts, and invited us to events to meet other families."*

Thank you for listening!

Despite our small size—a staff of only 12 plus 20 caseworkers and 21 board members—we are *mighty* in our passionate dedication to being a shining light for NJ families facing darkness. We are inspired by their bravery and strength, today and every day.

Please let us know if you need any additional information. Contact Joann Passantino, Executive Director, at 908-322-4323 Ext. 16 or

jpasantino@emmanuelcancer.org. You can also visit our website at www.emmanuelcancer.org or <https://www.facebook.com/EmmanuelCancerFoundation>.

