



Junior Police Academy: INTRODUCTION



Dear Parent/Guardian: Thank you for your interest in the 18th Annual West Orange Junior Police Academy, being held Monday, June 25th, through Friday, June 29th, 2018. The academy hours are 9:00AM to 2:45PM. As part of our application process, we request that you and your child complete and return this application packet to the West Orange Police Department for our review and evaluation. The packet can be either dropped off or mailed to:

Street Address: **West Orange Police and Justice Building
Juvenile Aid Bureau
60 Main Street
West Orange, New Jersey 07052**

Mailing Address: **West Orange Police Department
Juvenile Aid Bureau
66 Main Street
West Orange, New Jersey 07052**

If you have any questions or require additional information regarding the application packet or the Junior Police Academy, please contact (973) 669-5301 Ext. 31560 or EDiaz@WOPD.Org

In order to qualify for participation in the Academy, your child must meet the following requirements:

- 1. The child must be a resident of the Township of West Orange.**
- 2. The child must be between the ages of 11 and 14.**
- 3. The child must have at least a “C” grade average in school. Less Than a “C” average may not automatically disqualify the child. Exceptions may be made on a case-by-case basis with just cause. Please attach a copy of your child’s report card to this application.**
- 4. The child must not have any conduct or disciplinary problems which could preclude him/her from successful participation in the Academy.**



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All signed agreement forms must be completed in order to participate in the Academy. All cadet information provided must be true and accurate, and all rules must be followed. If you or your child chooses not to comply, immediate dismissal from the program will occur. In addition, please note that any incomplete forms will deem this application packet to be unacceptable.

WHAT TO EXPECT AT THE ACADEMY

- An Age Appropriate Pseudo Police Academy (Ages 11 to 14)
- Physical Training (Push-ups, Sit-ups, Light calisthenics, etc.)
- Learn About Different Facets of Policing From Various Agencies
- Field Trips
- Learn Respect and Unity

HISTORY OF THE WEST ORANGE JUNIOR POLICE ACADEMY

The West Orange Police Junior Police Academy was established in 2000 as a joint venture between The West Orange Police Department, The Township of West Orange, and The West Orange Board of Education in a proactive effort to curtail juvenile delinquency and deviant behavior committed by middle school children. The annual West Orange Police Junior Police Academy seeks to foster an understanding for the law and respect among individuals at a critical age of development. The JPA seeks to reduce juvenile delinquency, promote better relations between police officers and youths, to encourage responsible citizenship, to promote good peer behavior and good communication skills through innovative and exciting programming. The goal is for the participants to interact in a scaled down version, pseudo type environment of an actual police academy while having fun in the process. As part of the PRIDE program (Promoting Responsibility In Drug Education) the 'Cadets' will have the opportunity to learn from currently incarcerated model prisoners to understand the ramifications of making poor choices. In the past, the program has featured The New Jersey State Police Aviation Unit and New State Police TEAMS Unit to learn about emergency law enforcement



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responsibilities. Participants also see firsthand how disasters are averted by the Essex County Bomb Unit and K-9 Squad. The Cadets get the opportunity to participate in hands-on activities at real Police Training Commission sanctioned Police Academies. The program has also provided the opportunity for many additional field trips to visit other outside law enforcement agencies such as The U.S. Air Marshals and the Morris County Police Academy. The West Orange Junior Police Academy is recognized as a model program and our hope is that your child chooses to participate in this worthwhile program.



Junior Police Academy: APPLICATION



Applicant:

Name: _____
Last First Middle Initial

Sex: M F
Check One

Address: _____
Number / Street / City / State / Zip Code

Home Telephone # () - _____ E-Mail Address: _____

School: _____ Grade: _____

Date of Birth: _____ Age: 11 12 13 14 Tee-shirt Size: S M L XL (adult sizes)
Circle One Circle One

Parents:

Mother: _____
Last First Middle Initial

Address: _____
Number / Street / City / State / Zip Code

Home # () - _____ Cellular # () - _____

Email Address _____

Father: _____
Last First Middle Initial

Address: _____
Number / Street / City / State / Zip Code

Home # () - _____ Cellular # () - _____

Email Address _____

Emergency Contact Information:

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Number / Street / City / State / Zip Code

Home # () - _____ Cellular # () - _____

Email Address _____

I hereby certify that the foregoing information is true and correct. I am fully aware that, if said information is found to be false, I will be excluded from applying for and participating in the West Orange Junior Police Academy.

Signature of Parent/Guardian

Signature of Applicant

Date

Date



Junior Police Academy: ASSUMPTION OF RISK INDEMNITY AGREEMENT AND COVENANT NOT TO SUE



I, _____, have requested that the West Orange Police Department to allow my child _____ to participate in the Junior Police Academy. I am fully aware of the inherent risks associated with my child's participation in the Junior Police Academy, which include, but are not limited to bodily injury, physical and emotional disability, death, and property damage. Understanding these risks, it is still my decision to allow my child to participate in the Junior Police Academy and in consideration of the Police Department allowing my child to participate. I assume full responsibility for such risks. I agree that neither I, nor my legal representative, heirs, and assigns, will hold the Township, its officials or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or loses and expenses of any nature whatsoever that my child may sustain as a result of my child's participation in the Junior Police Academy, whether caused by the negligence of the Township and County, its officers, employees and agents or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the Township, West Orange Board of Education, The County of Essex, Morris County Police Academy, Essex County Department of Public Safety, Essex County Sheriff's Department, its officers, employees and agents, and any other unnamed agencies or individuals participating from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Township, its officials, employees and agents, as a result of my child's participation in the Junior Police Academy.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of The State of New Jersey, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full force and effect. I further understand that permission for my child to participate in the Junior Police Academy is granted subject to the rules and regulations of the Police Department and such permission may be restricted or revoked entirely by the Police Department in its sole discretion.

Signature of Parent/Guardian

Signature of Applicant

Date

Date



Junior Police Academy: MEDICAL QUESTIONNAIRE



1. Does your child have any medical history that may impair him/her from fully participating in the program?
 Yes No If so, please explain. _____

2. Is your child currently under the care of a physician? Yes No If yes, please provide physician's name,
 address and telephone number. _____

3. Does your child have any allergies? Yes No If so, please list. _____

4. Has your child ever been hospitalized? Yes No If so, please explain. _____

5. Does your child have high blood pressure? Yes No _____
6. Does your child suffer from any heart problems? Yes No If so, please explain. _____

7. Has your child ever suffered from exhaustion or heatstroke? Yes No _____
8. Are there any physical disabilities that may affect your child during this program? Yes No (Please explain if
 your child requires special care, i.e. wheelchair ramp, hearing impaired, etc.) _____

9. Does your child have a learning disability? Yes No (We want to make this experience memorable and this
 knowledge will help us do that) Please explain. _____

10. If your child should become ill and require medical attention, what hospital should be used? _____

Keep in mind that all attempts will be made to contact a parent or emergency contact person before anything is done. However, should your child become hurt/injured and we are unable to contact a parent or emergency contact person, please sign here to consent to the rendering of medical treatment to your child: _____

I understand that the health history statement is true and that my child is able to participate in the WEST ORANGE JUNIOR POLICE ACADEMY. I further grant permission for my child to participate in all physical activities to be held at the WEST ORANGE JUNIOR POLICE ACADEMY.

Signature of Parent/Guardian

Signature of Applicant

Date

Date



Junior Police Academy: PARTICIPANT AGREEMENT/RELEASE



I hereby agree that the West Orange Police Department may use and/or record on film, tape or otherwise my name, likeness, image and/or voice; my on-camera interview(s) and performance and any other material provided by me (e.g., biographical material, photographs, videotapes, film prints, artwork, contact information, etc.). I acknowledge and further agree that West Orange Police Department Junior Police Academy shall exclusively own all rights (right to edit and/or alter) and the right to use said recordings to promote, publicize or market the Academy, at the complete and sole discretion of the West Orange Police Department. In addition, I also agree as follows:

1. I represent, warrant that I have the full right, power and authority to grant the rights granted herein. I am familiar with the nature of the Academy.
2. I have been informed and I fully understand that any advice given to me on or in connection with the Academy is for informational purposes only. Should I follow all or any part of such advice, I shall do so entirely at my own risk.
3. I understand and acknowledge that all travel in connection with my participation in the Academy will be at my sole responsibility, risk and expense.
4. I hereby agree to indemnify the West Orange Police Department and hold them harmless from all liability claims and actions caused during the Academy.
5. I affirmatively represent and warrant that I am mentally capable of entering into the Academy. I am not suffering from any mental or physical deficiency or affliction, and I am not taking any drugs or medication which would impair my judgment or render me unable to enter into the Academy.

I acknowledge that I have carefully read the foregoing, that I understand it, that I was given the opportunity to ask questions about it and that I knowingly consent to all of the terms therein.

Signature of Parent/Guardian

Signature of Applicant

Date

Date



Junior Police Academy: CHECKLIST



___All forms have been completed in their entirety, including all required signatures and dates by Friday, June 1st, 2018.

___A copy of my child's most recent report card is attached to the application.

___I understand that my child must bring with him/her a non-perishable lunch and beverage to the Academy each day that he/she participates.

___If my child travels to the Academy by bicycle or similar, I understand that my child is responsible for the securing of his/her belongings.

___I understand that only children that apply and are accepted into the Academy shall be allowed to attend. I understand that my enlisted child's siblings/friends are not allowed to accompany my child to the Academy.

___I understand that, in order for my child to successfully complete the Academy, he/she must attend each day for the duration of the Academy. I have noted that exceptions may be made on a case-by-case basis.

___Once I submit the completed attached, **NO LATER THAN JUNE 1st, 2018, I understand that it will be evaluated by the Academy and will be deemed either approved or denied. I further understand that I will be notified of the Academy's determination by written notice forwarded to my residence via regular mail.**

Good Luck!

