

# LINDEN POLICE DEPARTMENT YOUTH POLICE ACADEMY

July 22 – July 26, 2019 8:00 AM – 3:00 PM

- ➤ Available to Linden students graduating 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades
- Learn about the Linden Police Department and other local, state, and federal law enforcement agencies
- ➤ Receive basic training in police procedures/operations, criminal investigations, drill and ceremony and first aid!
- ➤ Demonstrations: K-9, SWAT, HAZMAT, Bomb Squad and more!
- ➤ Have Fun!!!!!!!

<u>Pick up applications at the front desk of the Linden Police Department</u> or online at www.linden-nj.org/departments/police

THE DEADLINE FOR APPLICATIONS IS APRIL 30<sup>TH</sup> AT 3:00 PM

Enrollment will be on a first come first serve basis. Spaces are limited No late applications will be accepted

Any questions contact: Detective L. Paster at 908-474-8450 and <a href="mailto:lpaster@lpdnj.org">lpaster@lpdnj.org</a> or

Detective D. Nolasco at 908-474-8421 and dnolasco@lpdnj.org



## Linden Police Department Youth Academy July 22 – July 26, 2019

Please fill out the following information to reserve a space in the up-coming Linden Police Department Youth Academy. Applications do not guarantee participation as spaces are limited. Applications must be filled out in its entirety and returned to the front-desk of the Linden Police Department. **Please Print. Applications are due by April 30, 2019 at 3:00 PM.** 

Full Name:				
Home Address:				
Home Phone:	E	Email Address	(Parent):	
Birth Date:	Male:		Female:	Grade Entering in Fall 2019:
School:				
Parent/Guardian's Name	-(s):			
Parent's Work Phone: _			Parent	s Cell Phone:
Alternate Contact Phone	2:			
		Cadet II	niform Information	
T-Shirt Size (Check One):	Youth: L		Adult: S N	1
Short Size (Check One):	Youth: L		Adult: S N	1 🗌 L 🔲 XL 🔲
				ball cap. Cadets are responsible to wear the listed iforms sizes cannot be changed once ordered.
Signature of Applicant:				Date:
Signature of Parent/Gua	rdian:		<del></del>	Date:
		Off	icial Use Only:	
Application Complete:	Yes:	No:	Initials:	
E.M.I.F. Complete:	Yes:	No:	Initials:	
Liability Form Signed:	Yes:	No:	Initials:	Approved / Denied
Code of Conduct:	Yes:	No:	Initials:	(Circle One)
Walk/Bike Home:	Yes:	No:	Initials:	
Photography Release:	Yes:	No:	Initials:	



## LINDEN POLICE DEPARTMENT Youth Academy

July 22 - July 26, 2019

#### **Emergency Medical Information Form**

Medical Form must be filled out in its entirety. **Please Print**. Dependent on the applicant's past medical history, the City of Linden maintains the right to request a doctor's note for participation in any and all physical activities. This must be submitted prior to the first day of the academy. Supplied information will only be used in the event of a medical emergency.

Full Name:			
Birth Date:		Male:	Female:
Height:	Weight:		
Past Medical History:			
Other Pertinent History:			
Allergies:			
Medications:			
Primary Care Physician:			
Primary Care Physician's Telepho	ne:		
Health Insurance Carrier:			
Preferred Hospital:			
E	mergency Cont	act Information	
Name:			Phone:
Name:			Phone:
Name:			Phone:



#### LINDEN POLICE DEPARTMENT

#### Youth Academy

#### **Code of Conduct**

#### **Code of Conduct**

- 1. There will be no use and/or possession of tobacco products or drugs. Any student found to be in violation of this code will be immediately dismissed.
- 2. Students are required to arrive no later than 7:55 am. Students must be picked up no later than 3:00 p.m. (unless the permission to walk/bike home form is signed).
- 3. Students are expected to adhere to academy rules and regulations.
- 4. Students are required to obey all orders of academy instructors and are not to leave the classroom without express permission of the instructor.
- 5. Should a student become ill or injured, he/she is to report immediately to an instructor.
- 6. Use of obscene, vulgar, or profane language will not be tolerated.
- 7. Students will conduct themselves in a professional manner at all times.
- 8. Students will address instructors as sir or ma'am. Yes/no sir, or yes/no ma'am.

#### **Dress Code**

This academy has been developed to give each student the best possible learning experience. Therefore, it is necessary that students present themselves in a neat and well-groomed manner. A uniform consisting of hat, shorts, tee shirt, white socks, and sneakers will be worn at all times. Hair must be neat and not a distraction to other students. Wearing of jewelry is prohibited. Bicycle helmets are required of all students who ride a bicycle or skateboard to the academy.

#### **Student Behavioral Contract**

The purpose of this contract is to inform the undersigned student that he/she must comply with the provisions of the Linden Police Youth Academy and to specific terms set forth in this contract. The student understands that due to the nature of this academy, there will be zero tolerance rules in effect. Undesirable conduct, such as horseplay or a violation of the student code of conduct, will result in immediate removal of the student from the academy. This contract is in effect for the safety of all students and to maintain discipline and order. This contract represents an agreement by the student that he/she received a copy of the Code of Conduct and the student agrees to adhere to this code at all times while at the academy.

Applicant Name:	·
Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date:



## **LINDEN POLICE DEPARTMENT**

### **Youth Academy**

## **Release of Liability Form**

l,	the undersigned Parent/Guardian of		
, residing at	in Linden New Jersey, do		
hereby give my son/daughter permission to attend the Lind	en Police Department Youth Academy and in		
consideration of allowing him/her to participate in the above	ve named program, I voluntarily and knowingly release		
and discharge the Youth Academy, Linden Police Departmen	nt, City of Linden, facilities managers, and all instructors		
and participants in this program as well as all others who m	ay be liable from all claims, present and future, known		
or unknown, in any manner arising out of his/her participat	ion in the Linden Police Department Youth academy		
program. Participants will have the opportunity to be physi	cally conditioned, including but not limited to daily		
physical training, and agility course; tour the Linden Police [	Department, JTG Center, Linden High School, Linden		
High School Academy Building, and Tiger Stadium; and will l	be viewing demonstrations from multiple county and		
federal agencies including, but not limited to Union County	Sheriff's Department Canine Unit, and Union County		
Police Bomb Squad. Applicants will be held to an understan	nding of a paramilitary rank structure and the Code of		
Conduct set by the Linden Police Department. If at any time	e a cadet receives an injury, or will not be participating		
in a scheduled event, the Linden Police Department shall be	e contacted, via the main Communications Desk at		
(908)474-8500, at least two (2) hours prior to the scheduled	d arrival time so that a report may be filed. Failure to		
comply may result in discharge of the cadet.			
This hold harmless agreement is a testament to my underst	anding of the above evidenced by my signature below.		
Signature of Applicant:	Date:		
Signature of Parent/Cuardian	Date		



## LINDEN POLICE DEPARTMENT PERMISSION TO WALK/BIKE HOME

I(pai	rent or guardian, please print) give my
child	(juvenile's name) permission to walk or
bike home unsupervised at 3:00 p.m. f	following dismissal from the Linden Police
Youth Academy from any of the follow	wing locations: Linden Police Department
(301 N. Wood Avenue), JTG Center	(330 Helen Street), Linden High School
Academy Building (128 W. Saint Georg	ges Avenue), and Linden High School (121
W. Saint Georges Avenue). If we do	not have this slip, your child will not be
released without authorized adult supe	rvision.
Parent/Guardian Signature:	
Date:	_



#### LINDEN POLICE DEPARTMENT

### Youth Academy Photograph Release Form

Linden Police Department 301 N. Wood Avenue Linden, NJ 07036 Permission to Use Photograph

I grant the Linden Police Department, its representatives, employees and/or their designee the right to take photographs of me and my property in connection with the Linden Police Department Youth Academy. I authorize the Linden Police Department, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Linden Police Department may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Applicants Name (Print):			
Organization Name (if applicable):			
Address:			
City:	State:	Zip Code:	
Signature of Applicant:		Date:	
Signature of Parent/Guardian:		Date:	