

Application Packet Cover Sheet



**Westfield Police Department Youth Academy at the
John H. Stamler Police Academy
1776 Raritan Road, Scotch Plains NJ 07076
August 8 – August 12, 2022 9am-3pm**

Please fill out the following information to reserve a space in the up-coming Westfield Police Department Youth Academy. Applications do not guarantee participation as spaces are limited. Applications must be filled out in its entirety. **Please Print.** Applications are due **by 05-06-22 at 6:00 PM.** There is no fee for the Westfield Police Department Youth Academy.

Return this form and all required documents no later than May 6, 2022 to:

Westfield Police Department
Youth Academy
425 East Broad Street
Westfield, New Jersey 07090

Or scan and email to:

youthacademy@wpdnj.org

Must Include: All pages of completed application; and
Essay and Referral (from a non-family member); and
Copy of most recent report card

Any questions, please feel free to contact:

Detective Sergeant Lauren Maloney lmaloney@wpdnj.org

Juvenile Detective Elizabeth Savnik esavnik@wpdnj.org



WESTFIELD POLICE DEPARTMENT

Youth Academy

Application Form

Full Name: _____

Home Address: _____

Home Phone: _____ Email Address (Parent): _____

Birth Date: _____ Male: Female: Grade Entering in Fall 2022: _____

School: _____

Parent/Guardian's Name(s) : _____

Parent's Work Phone: _____ Parent's Cell Phone: _____

Alternate Contact Phone: _____

Cadet Uniform Information

T-Shirt Size (Check One): **Youth:** L **Adult:** S M L XL

Short Size (Check One): **Youth:** L **Adult:** S M L XL

NOTE: All Cadets will be issued two (2) Shirts, two (2) pairs of shorts, and one (1) baseball cap. Cadets are responsible to wear the listed uniform each day of the academy. Please provide accurate size for your child. Uniforms sizes cannot be changed once ordered.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Official Use Only:

Application Complete: Yes: No: Initials: _____

E.M.I.F. Complete: Yes: No: Initials: _____

Liability Form Signed: Yes: No: Initials: _____

Code of Conduct: Yes: No: Initials: _____

Walk/Bike Home: Yes: No: Initials: _____

Photography Release: Yes: No: Initials: _____

Approved / Denied
(Circle One)



WESTFIELD POLICE DEPARTMENT

Youth Academy

Release of Liability Form

I, _____ the undersigned Parent/Guardian of _____, residing at _____, do hereby give my son/daughter permission to attend the Westfield Police Department Youth Academy at the John H. Stamler Police Academy and in consideration of allowing him/her to participate in the above named program, I voluntarily and knowingly release and discharge the Youth Academy, Westfield Police Department, Town of Westfield, John H. Stamler Police Academy facilities managers, and all instructors and participants in this program as well as all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of his/her participation in the Westfield Police Department Youth Academy Program. Participants will have the opportunity to be physically conditioned, including but not limited to daily physical training, and participation at an agility course at the John H. Stamler Police Academy; additionally, all applicants will be viewing demonstrations from multiple county and state agencies including, but not limited to the Union County Sheriff's Office Canine Unit and Union County Crime Scene Unit. Applicants will be held to an understanding of a paramilitary rank structure and the Code of Conduct set by the Westfield Police Department. If at any time a cadet receives an injury, or will not be participating in a scheduled event, the Westfield Police Department shall be contacted, via the main Communications Desk at (908) 789-4000, at least two (2) hours prior to the scheduled 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 understanding of the above evidenced by my signature below.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

Photograph Release Form

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

I agree that the Westfield 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: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

Transportation Form

All cadets will be required to arrive at the John H. Stamler Police Academy, located at 1776 Raritan Road, Scotch Plains, New Jersey 07076 no later than 8:55am for arrival and 3:15pm for dismissal. **TRANSPORTATION WILL NOT BE PROVIDED BY THE WESTFIELD POLICE DEPARTMENT TO OR FROM THE JOHN H. STAMLER POLICE ACADEMY.**

I _____ (parent or guardian, please print) give my child _____ (juvenile's name) permission to walk, bike, and or receive transportation unsupervised to the John H. Stamler Police Academy location at 1776 Raritan Road, Scotch Plains, New Jersey 07076. If we do not have this slip, your child will not be released without authorized adult supervision.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

Emergency Medical Information Form

*Medical Form must be filled out in its entirety. **Please Print.** Dependent on the applicant's past medical history, the Town of Westfield 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 Telephone: _____

Health Insurance Carrier: _____

Preferred Hospital: _____

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

Health Insurance Information Form

Insurance Company: _____

Policy Number: _____

Group Number: _____

Policy Holder Name: _____

Youth Academy Participant: _____

Relationship to Policy Holder: _____

NOTE: A PHOTOCOPY OF YOUR MEDICAL INSURANCE CARD (Front & Back) MUST BE ATTACHED TO THIS FORM

For Youth Academy Applicants that have no health insurance:

Applicant Name: _____

Name of Parent/Guardian: _____

The Youth Academy applicant named above is not covered by health insurance. As a condition of participation, I hereby acknowledge that as the parent or legal guardian, that I shall bear and be liable for any and all medical, hospital, or related costs, damages, losses, and expenses incurred due to any injuries or illness that he or she may suffer during their participation in the Youth Academy Program. I further acknowledge and agree that both the Westfield Police Department and the Town of Westfield will have no financial responsibility for any of the costs or expenses outlined above.

Signature of Parent/Guardian: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

Medical Release Form

Dear Physician:

The following individual has submitted an application to participate in the Westfield Police Department Youth Academy:

Full Name _____ Home Address _____

As part of the Westfield Police Department Youth Academy, each applicant is required to undergo a medical examination by a licensed physician. Applicant should be in good physical health and be able to participate in physical fitness activities (marching, running on all surfaces [blacktop, grass, sand]), calisthenics and organized athletic sports.

Physician's Statement: (Please Check One)

- I have examined the above named applicant and find he/she can safely perform in the program.
- I have examined the above named applicant and find he/she cannot safely perform in the program.

Examination MAY NOT be greater than one (1) year old from the last day the applicant attends the Youth Academy.

Please Type or Print:

Physician's Name: _____

Address: _____

Affix Physician's Office Stamp:

(Must be M.D. or D.O.; Physician's Assistant or Nurse Practitioner is NOT acceptable) _____

Please list any relevant restrictions or limitations if any:

Applicant Name: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

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 8:55 am. Students must be picked up no later than 3:15 pm (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.

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, (2) shorts, (2) 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 youth 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 Westfield 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.

Our program is a para-military style boot camp. It is built on discipline and teamwork building skills. We show the children, who are 9th to 12th grade age range, every facet of police work. We give them a small taste of what we as police officers endure to become police officers. Our instructors and staff work hard every day and are in this for the children because we want to see these children succeed and have a sense of pride on graduation day.

Applicant Name: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

Essay and Letter of Reference

1. The applicant must submit an essay describing why they wish to be selected for the Westfield Police Youth Academy. The essay shall not be less than the 500 words minimum. Failure to omit the required essay will result in non-selection.
2. A referral letter must also be provided from a non-family member. Please include how long you have known the applicant, why he/she would be a good fit for the Westfield Police Department Youth Academy, and what makes him/her stand out from the rest of the applicants.

Applicant Name: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



WESTFIELD POLICE DEPARTMENT

Youth Academy

Background Authorization Form

To: *Concerned Persons or Authorized Representative of any Organization, Institution or Repository of Records*

Applicant's Name: _____
Date of Birth: _____

I, _____, am an applicant for the Westfield Police Department Youth Academy with the Town of Westfield (hereafter referred to as "the department"), which is conducting a comprehensive investigation into my employment background and personal history to evaluate my qualifications and/or fitness for the position for which I am applying. I understand that it is in the public's best interest that any and all relevant information and/or records concerning me be disclosed to the department.

I do hereby authorize any duly authorized representative of the Town of Westfield or Westfield Police Department bearing this Authorization to obtain any and all information and/or records concerning me that it deems necessary, and I hereby direct you to release any and all such information and/or records to him or her upon request.

I do hereby authorize a review and disclosure of any and all information and/or records concerning me, whether said information and/or records are public, private, or confidential and/or sealed in nature. I specifically consent to the release of any and all public and private information and/or records concerning my work record, my background and reputation, my medical records, my mental health/psychological report records, my military service records, my educational records, my financial status, my criminal history records, including any arrest records and/or any information contained in any investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of any attorneys-at-law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently am or was a party, my attendance records, any polygraph examination records, and any internal affairs investigations and disciplinary records.

I direct you to release any and all such information and/or records and answer any and all questions upon request of any duly authorized representative of the department in possession of this Authorization, regardless of any agreement that I may have or had previously made with you to the contrary. The department will discontinue processing my application if you refuse to disclose any and all information and/or records requested.

For, and in consideration of the department's acceptance and processing of my application. I do hereby agree to hold the department, its agents and other employees harmless from any and all claims and liability associated with my application or in any way relating to the decision as to whether or not I am employed by the department.

I understand that should any information of a serious criminal nature surface during or as a result of this investigation, said information will be forwarded to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that any information and/or records furnished will be used by the department in conjunction with its employment procedures.

I agree to indemnify and hold harmless the person or persons to whom this request is presented, his or her organization, its agents, owners, directors and employees from and against any and all claims, damages, losses and/or expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy or facsimile (fax) copy of this Authorization shall be as valid as an original thereof, even though said copy does not contain an original of my signature.

Applicant's Signature

Parent/Guardian's Signature

Applicant's Address (Street, City, State & Zip Code)

Sworn to and subscribed before me
on this ____ day of _____, 20__.

A Notary Public of New Jersey



WESTFIELD POLICE DEPARTMENT

Youth Academy

COVID Requirements

All applicants will adhere to all CDC and John H. Stamler Police Academy Covid protocols and regulations at the time of Westfield Police Youth Academy. All protocols and regulations are subject to change.

Applicant Name: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____