



SCOTCH PLAINS POLICE DEPARTMENT YOUTH ACADEMY

July 8 - July 12, 2024

8AM - 3PM

Applications available at the Scotch Plains
Police Department or at
police.scotchplainsnj.gov under Scotch
Plains Youth Academy

Deadline for applications:

Friday, June 7, 2024 at 4PM

Fee for Academy is \$125.00



- ▶ Available to Scotch Plains-Fanwood students graduating 5th thru 8th grades
- ▶ Learn about the Scotch Plains Police Department & other local, state, & federal law enforcement agencies
- ▶ Receive basic training in police procedures/ operations, criminal investigations, first aid, and more
- ▶ Demonstrations - K-9, SWAT, Scotch Plains Fire Department, Union County Bomb Squad, and more!
 - ▶ Have Fun!!!!!!!

Checks only made payable to "The Scotch Plains Community Policing Unit" Fee includes cost of uniforms/ equipment. Enrollment will be first come first serve. Space is limited. No late applications will be accepted. Refunds will not be issued once uniforms are ordered. Please drop applications to the Scotch Plains Police Department.

Any questions contact:

Det. Richard Hernandez:

R.Hernandez@scotchplainspd.org



Scotch Plains Police Department Youth Academy



Please fill out the following information to reserve a space in the up-coming Scotch Plains 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 **06-07-2024 @ 4:00 PM.** The fee for the academy is **\$125.00.** Please make checks payable to the "The Scotch Plains Community Policing Unit" Please, No Cash.

Full Name: _____

Home Address: _____

Home Phone: _____ Email Address (Parent): _____

Birth Date: _____ Male: Female: Grade Entering in Fall 2024: _____

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: <input type="checkbox"/> | No: <input type="checkbox"/> | Initials: _____ | Application Fee: Paid Check#: _____ |
| E.M.I.F. Complete: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Initials: _____ | _____ |
| Liability Form Signed: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Initials: _____ | Approved / Denied |
| Code of Conduct: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Initials: _____ | (Circle One) |
| Walk/Bike Home: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Initials: _____ | |
| Photography Release: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Initials: _____ | |



SCOTCH PLAINS POLICE DEPARTMENT

Youth Academy

July 8 – July 12, 2024

Emergency Medical Information Form

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



SCOTCH PLAINS POLICE DEPARTMENT YOUTH ACADEMY

Code of Conduct

1. There will be no use and/or possession of tobacco products, drugs and/or alcohol.
2. Cadets are required to arrive no later than 8:00 am. Pickup is at 3:00 pm sharp (unless the permission to walk/bike home form is signed).
3. Cadets are expected to adhere to academy rules and regulations.
4. Cadets are required to obey all orders of academy instructors and are not to leave the classroom without expressed permission of the instructor.
5. Should a cadet 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. Cadets will conduct themselves in a professional manner at all times. Physical contact between cadets is not permitted.
8. Cadets will show presenters respect. Sleeping, talking (unless called upon), and the use of electronic devices will not be permitted during presentations.
9. Cadets who ride bicycles/skateboards to the academy must wear helmets.

Dress Code

This academy has been developed to give each cadet the best possible learning experience. Therefore, it is necessary that cadets 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 cadets. Wearing of jewelry is prohibited.

Cadet Behavioral Contract

The purpose of this contract is to inform the undersigned cadet that he/she must comply with the provisions of the Scotch Plains Police Youth Academy and to specific terms set forth in this contract. The cadet 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 cadet code of conduct, will result in immediate removal of the cadet from the academy. This contract is in effect for the safety of all cadets and to maintain discipline and order. This contract represents an agreement by the cadet that he/she received a copy of the Code of Conduct and the cadet agrees to adhere to this code at all times while at the academy.

Our program is a paramilitary style boot camp. It is built on discipline and teamwork building skills. We show the cadets 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 cadets because we want to see these cadets succeed and have a sense of pride on graduation day. Although we realize the program is not for every cadet, we encourage them to stay. The ones that stay are overjoyed with pride and confidence. They walk away with new friends and a new family, us, the men and women of the Scotch Plains Police Department.

Failure to adhere to the rules and regulations of the Academy and/or any disrespect shown to an officer or fellow cadet may result in the immediate expulsion of the student.

Applicant Name: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



SCOTCH PLAINS POLICE DEPARTMENT

Youth Academy

Release of Liability Form

I, _____, the undersigned Parent/Guardian of _____, residing at _____ in Scotch Plains/Fanwood, New Jersey, do hereby give my son/daughter permission to attend the Scotch Plains Police Department Youth 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, Scotch Plains Police Department, Township of Scotch Plains, 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 Scotch Plains Police Department Youth Academy program. Participants will have the opportunity to be physically conditioned, including but not limited to daily physical training, and agility course; and will be viewing demonstrations from multiple county, state, and federal agencies including, but not limited to Union County Sheriff's Office, Union County Police Department and the New Jersey State Police. Applicants will be held to an understanding of a paramilitary rank structure and the Code of Conduct set forth by the Scotch Plains Police Department. If at any time a cadet receives an injury, and/or will not be participating in a scheduled event, the Scotch Plains Police Department shall be contacted via email to Det. Hernandez at r.hernandez@scotchplainspd.org as soon as possible. All cadets must be accounted for at the beginning of each day. Absences must be documented. Failure to comply may result in removal 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: _____



SCOTCH PLAINS POLICE DEPARTMENT

Youth Academy

Photograph Release Form

Scotch Plains Police Department
430 Park Avenue Scotch Plains, NJ 07076
Permission to Use Photograph

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

I agree that the Scotch Plains 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: _____



**SCOTCH PLAINS POLICE DEPARTMENT
PERMISSION TO WALK/BIKE HOME**

I _____ (parent or guardian, please print) give my

child _____ (juvenile's name) permission to walk or bike home unsupervised at 3:00 pm following dismissal from the Scotch Plains Police Youth Academy from the following location: John H. Stamler Police Academy, 1776 Raritan Rd., Scotch Plains. Helmets are required for bicycles, skateboards, et al. If we do not have this slip, your child will not be released without authorized adult supervision.

Parent/Guardian Signature _____

Date _____