

The Bergen County Prosecutor's Office and the Bergen County Sheriff's Office are pleased to announce that applications are being accepted for the Bergen County Youth Police Academy – Class #13.

The Academy is a two-week "day camp" (Monday through Friday) that is offered to qualified Bergen County young men and women either residing in Bergen County or attending secondary school in Bergen County, who will enter the 9th, 10th, 11th, or 12th grade in September 2017. Priority acceptance will be given to those students entering the 11th and 12th grades. The Academy is free of charge.

This year's Academy will begin on Monday, June 26th and run through Friday, July 7, 2017 (no camp on Tuesday, July 4th).

The motto of the Bergen County Youth Police Academy is "Honor – Respect – Commitment." We place strong emphasis on self respect, respect of others, teamwork and commitment to one's goals. The cadets learn that these attributes can be achieved with focus, discipline and personal responsibility. The two-week program, especially in the beginning, will be both physically and mentally taxing. However, it has been our experience that cadets who complete the Academy enjoy a positive and worthwhile experience that they draw upon in the future.

The Youth Academy curriculum consists of educational activities as well as physical training activities. The format is similar to what actual police academy cadets experience. All of the squad instructors are law enforcement officers. Our objective is to educate the cadets about public service including law enforcement, emergency services, the judiciary and county government. There will be structured events offered in a fun, informative, interactive, educational and hands-on manner.

The daily programs will include educational presentations, interaction with public agencies, field trips and physical activities. The cadets will be given exposure to available state, county and municipal resources. The daily physical training is similar to a "boot camp" workout; there will be running and calisthenics.

The drop-off and pick-up location for the academy will be the Bergen County Jail, 160 South River Street, Hackensack. The program runs from 8:30 a.m. to 4:00 p.m. Please keep in mind that there may be modifications of scheduled hours on field trip dates and your child will be notified in advance. You must be prompt when dropping off and picking up your child.

Lunches for the cadets will be provided by the Academy. We cannot accommodate special dietary or nutritional needs or allergies other than allowing cadets to bring their own lunch if they choose and we will keep it cool for them. We have no ability to "heat up" any lunches. Please fill out the enclosed paperwork regarding your child's dietary and special nutritional needs and or allergies.

Attire: Each participant will be provided with a t-shirt and shorts. They are required to be worn from the 2^{nd} day of the academy until the completion of the program, including graduation. It should be noted that these uniforms must be cleaned daily - preferably by the cadets themselves.

Upon completion of the academy, there will be an <u>official graduation</u> <u>ceremony on Friday, July 7, 2017</u>. Details will be provided. Participants and family members are invited to attend.

For the program to be successful both individually and overall, full participation is required. EACH ACCEPTED CADET IS REQUIRED TO ATTEND EVERY DAY OF THE PROGRAM. There are no exceptions for driving tests, vacations, sports programs or other activities. Note: At any time, the program director may terminate a youth from participating in the Academy for lack of participation or non-compliance with the rules as set forth in the paperwork and as given at the parent orientation or throughout the Academy. As such, each parent and participant should be well acquainted with the requirements.

Moreover, as stated above, the academy requires a level of focus and discipline that, initially, cadets may find daunting. It is incumbent upon both parents and participants to see the entire program through to completion. The Academy is in high demand and once someone is accepted and agrees to participate, that admitted cadet takes the place of another willing and hopeful applicant. As such, both parents/guardians and applicants should review this entire application and apply to the program with a full understanding of what is required and expected.

Attached, please find the required application form (a total of 9 pages) that MUST BE completed and returned to: Bergen County Prosecutor's Office, Community Outreach, 100 Eisenhower Drive, Paramus, New Jersey 07652, no later than Friday, April 14, 2017. The 9-page application must be complete and legible or it will not be accepted. Please be advised that submission of an application prior to the deadline does not guarantee acceptance into the program. Space is limited. Due to the popularity of this program, cadets who have participated in the Youth Academy are prohibited from applying again.

If you have any questions, contact Community Outreach at outreach@BCPO.net. All paperwork must be completely filled out and signed where indicated or your child will not be permitted to attend. Even if your child does not take medication and/or you do not give permission for your child to be dismissed without a parent/guardian present, these forms must be completed.

You will be notified in writing of your child's acceptance and the date of the parent orientation meeting. A parent/guardian <u>must</u> attend the meeting for your child to be accepted into the Youth Academy.

BERGEN COUNTY YOUTH POLICE ACADEMY 2017 RULES AND REGULATIONS

- 1. RESPECT YOURSELF AND OTHERS.
- 2. RAISE YOUR HAND IF YOU WANT TO SPEAK.
- 3. WHEN YOU ARE ACKNOWLEDGED, YOU WILL STAND AND RESPOND WITH "YES, SIR, NO SIR, YES MA'AM, NO MA'AM."
- 4. PAY ATTENTION TO THE SPEAKER.
- 5. CLASSROOM/CLASS TRIP DISRUPTION WILL NOT BE TOLERATED.
- 6. ALL PARTICIPANTS WILL FOLLOW DIRECTIONS OF ALL POLICE OFFICERS OR CIVILIAN INSTRUCTORS.
- 7. DO NOT LITTER.
- 8. NO FOUL LANGUAGE.
- 9. NO "HORSE-PLAY" ALLOWED.
- 10. ACADEMY T-SHIRT AND SHORTS ARE TO BE WORN EVERY DAY, INCLUDING THE GRADUATION CEREMONY. PLEASE WASH DAILY!
- 11. STAY WITH YOUR GROUP ON FIELD TRIPS.
- 12. VIDEO GAMES, IPODS, ETC..., ARE NOT ALLOWED.
- 13. NO HATS! (PLENTY OF SUNSCREEN!)
- 14. A GUARDIAN FORM IS REQUIRED IF YOU ARE WALKING HOME OR IF SOMEONE OTHER THAN YOUR GUARDIAN IS PICKING YOU UP AT THE END OF THE DAY. SEE ATTACHED FORM.
- 15. NO SMOKING!
- 16. NO SAGGING SHORTS, SHIRTS MUST BE TUCKED IN.
- 17. NO MAKE-UP.
- 18. NO JEWELRY.
- 19. LONG HAIR MUST BE WORN UP (MALE OR FEMALE).
- 20. YOU ARE EXPECTED TO CONDUCT YOURSELF AS A LADY OR GENTLEMAN AT ALL TIMES. PROPER DECORUM IS DEMANDED.
- 21. IF A CELL PHONE IS BROUGHT TO CAMP, IT MUST BE TURNED OFF. THERE WILL BE NO PHONE CALLS, E-MAILS, AND/OR TEXTING DURING THE ACADEMY.
- 22. YOU WILL BE ON TIME AND READY TO PARTICIPATE EACH DAY.



THE FOLLOWING INFORMATION IS REQUESTED OF ALL PROSPECTIVE PARTICIPANTS IN THE BERGEN COUNTY YOUTH POLICE ACADEMY PROGRAM. ANY FALSE OR INCOMPLETE INFORMATION COULD EXCLUDE THE APPLICANT FROM PARTICIPATING IN THIS PROGRAM.

STUDENT INFORMATION: (MUST PRINT CLEARLY)

| STUDENT'S NAME: | FIRST |
|--|---|
| ADDRESS: | |
| CITY: | _ STATE: ZIP: |
| HOME PHONE: | CADET CELL NUMBER: |
| DATE OF BIRTH:/M/F | |
| CADET EMAIL: | AGE: |
| | |
| HAVE YOU EVER PARTICIPATED IN THE BEF | RGEN COUNTY YOUTH POLICE ACADEMY PROGRAM? |
| YES OR NOIF YES, WHAT YEAR DI | ID YOU ATTEND? |
| PARENT/GUARDIAN INFORMATION | |
| PARENT/GUARDIAN: | PARENT EMAIL: |
| CONTACT NUMBERS: HOME | WORK |
| CELL NUMBER: | ALTERNATE CELL NUMBER: |
| ARE THERE ANY CUSTODIAL LIMITATIONS? (If yes, parent must attach a current copy of cou | |

| ALTERNATE EMERGENCY CON | IACI: (Other than | parent information listed above): | |
|---|--|--|-----------|
| NAME: | | | |
| RELATIONSHIP: | | | |
| ADDRESS: | | | |
| TOWN: | | | |
| PHONE: | CELLUL | JLAR NUMBER: | |
| EMAIL | | | |
| HIGH SCHOOL INFORMATION | | | |
| MUST BE ENTERING THE 9 th , 10 th | <u>h, 11th or 12th Grade</u> | e in September 2017 to be eligible for the Academy | <u>/-</u> |
| NAME OF SCHOOL: | | CURRENT GRADE: | |
| IF IN 8 th GRADE, SCHOOL ATTEN | IDING IN SEPTEMBE | BER 2017: | |
| ADDRESS: | | | |
| CITY: | STATE: | PHONE NUMBER: | |
| PRINCIPAL: | GU | JIDANCE COUNSELOR: | |
| All Adult Sizes | | | |
| TEE SHIRT SIZE (PLEASE CIRCL | E): (S) (M) (L) (> | (XL) (XXL) | |
| GYM SHORT SIZE (PLEASE CIRC | CLE): (S) (M) (L) | (XL) (XXL) | |
| Please circle your true size. Overs select uniforms in the closest size a | | hing <u>will not</u> be acceptable and the cadet will be requi | red to |
| | vided is accurate a icant) | I have reviewed this application in its entirety and complete, and I request thatbe considered for acceptance in the | |
| PARENT/GUARDIAN SIGNA | TURE | APPICANT'S SIGNATURE | |
| DATE: | | | |

MEDICATION AND HEALTH HISTORY FORM

Please be advised that your child may be afforded the opportunity to board a boat, ride a horse, and participate in other outdoor activities. Should you wish your child not to participate in a certain activity or should your child have any special restrictions, please list below in the space provided.

| Any Special Needs/Restrictions: | |
|--|--|
| | |
| Please list below in PART A any prescribed medications that your child is required to take regularly. Please indicate below whether or not your child will be required to take carry the medication with him/her during the Youth Police Academy. Medication must be in original prescribed package. | |
| In PART B, please complete the health history questionnaire for your child and sign all authorizations/acknowledgements as indicated. A certified EMT will be on staff during the camp for any medical emergencies. | |
| PART A: MEDICATION HISTORY | |
| Name of Youth:My Child: | |
| ☐ Does <u>Not</u> Take Any Prescribed Medication. | |
| \square My Child Does Take Prescribed Medication (If this box is checked, you must complete the information below and sign the form below). | |
| Name of Medication: | |
| Medical Condition for which medication is needed: | |
| Dosage/Administration (Times per day): | |

NOTE: The Bergen County Youth Academy does not stock or provide any non-prescription medications. If a cadet requires use of non-prescription medications during the program, a note to that effect much be provided by the parent/guardian in advance.

PART B: HEALTH HISTORY

| Name | e of Youth: |
|------|---|
| Chec | k "Yes" or "No" for each statement. Explain "Yes" answers below: |
| Has/ | does the cadet: |
| 1. | Ever been hospitalized? |
| 2. | Ever had surgery? |
| 3. | Have recurrent/chronic illnesses? ☐ Yes ☐ No |
| 4. | Had a recent infectious disease? ☐ Yes ☐ No |
| 5. | Had a recent injury? ☐ Yes ☐ No |
| 6. | Had asthma/wheezing/shortness of breath? ☐ Yes ☐ No |
| 7. | Have diabetes? ☐ Yes ☐ No |
| 8. | Had seizures? ☐ Yes ☐ No |
| 9. | Had headaches? ☐ Yes ☐ No |
| 10. | Wear glasses, contacts or protective eyewear? ☐ Yes ☐ No |
| 11. | Had fainting or dizziness? ☐ Yes ☐ No |
| 12. | Passed out/had chest pain during exercise? |
| 13. | Had mononucleosis ("mono") during the past 12 months? ☐ Yes ☐ No |
| 14. | If female, have problems with periods/menstruation? |
| 15. | Have problems with falling asleep/sleepwalking? ☐ Yes ☐ No |
| 16. | Ever had back/joint problems? |
| 17. | Have a history of bedwetting? ☐ Yes ☐ No |
| 18. | Have problems with diarrhea/had a recent infectious disease? ☐ Yes ☐ No |
| 19. | Have any skin problems? ☐ Yes ☐ No |
| 20. | Traveled outside the country in the past 9 months? |

| travel outside the country, please name countries visited and dates of travel. | |
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| Mer | ntal, Emotional and Social Health: Check "Yes" or "No" for each statement. |
| Has | the cadet: |
| 1. | Ever been treated for attention deficit disorder (ADD) or attention deficit /hyperactivity |
| disc | rder (AD/HD)? |
| 2. | Ever been treated for emotional or behavioral difficulties or an eating disorder? |
| | ☐ Yes ☐ No |
| 3. | During the past 12 months, seen a professional to address mental/emotional health |
| con | cerns? |
| | Had a significant life event that continues to affect the cadet's life? \Box Yes \Box No tory of abuse, death of a loved one, family change, adoption, foster care, new sibling, rived a disaster, others) |
| | ase explain "Yes" answers in the space below, noting the particular number of a stion. The BCYA may contact you for additional information. |
| | |
| | |
| Hea | Ith Care Providers: |
| Nar | ne of cadet's primary doctor(s):Phone () |
| Nan | ne of dentist(s)Phone () |
| | ne of orthodontist(s) Phone () |

| What Have We Forgotten to Ask? Please provide in the space below any additional information about the cadet's health or otherwise that you think important that we know or that may affect the cadet's ability to fully participate in the BCYA program. Attach additional information if needed. | | |
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| I ATTEST THAT MY CHILD HAS BEEN FULLY IMMUNIZED AND THAT HIS/HER IMMUNIZATIONS ARE CURRENT AND UP-TO-DATE. I AGREE TO ACCEPT ALL RISKS TO MY CHILD IN NOT BEING FULLY IMMUNIZED. | | |
| Parent's Signature: | | |
| Date: | | |
| IN CASE OF A MEDICAL EMERGENCY, I AUTHORIZE THE BERGEN COUNTY YOUTH ACADEMY TO INITIATE EMERGENCY CARE IN THE EVENT THAT I CANNOT BE REACHED. | | |
| Parent's Signature: | | |
| Date: | | |



| THE UNDERSIGNED | , HEREBY GIVES PERMISSION |
|---|---|
| AND AUTHORIZATION FOR MY SON/DAUGHTER | PRINT NAME OF CHILD |
| TO PARTICIPATE IN THE BERGEN COUNTY YOUTH P TRAINING/EXERCISE/SPORTS, ALL THE ACTIVITIES O AS WELL AS TRANSPORTATION TO AND FROM SAID PHOTOGRAPHY/VIDEOTAPING/INTERVIEWS. | DUTLINED IN THE CALENDAR OF EVENTS, |
| THE UNDERSIGNED HEREBY RELEASES AND INCLUDING THE BERGEN COUNTY PROSECUTOR'S COUNTY SHERIFF, AND THEIR AGENTS AND EMPLOY CLAIMS AND CAUSES OF ACTION THAT THE UNDERSINJURIES, DAMAGES OR LOSSES OF ANY NATURE, VRESULT, OF PARTICIPATION IN THIS PROGRAM AND YOUTH ACADEMY PARTICIPANT. | OFFICE, THE OFFICE OF THE BERGEN YEES THEREOF, FROM ALL LIABILITY SIGNED MAY HAVE FOR PERSONAL WHICH MAY RESULT, OR OCCUR AS A |
| THE UNDERSIGNED FURTHER AGREES TO HAYOUTH ACADEMY INSTRUCTORS, POLICE OFFICERS ACCOMPANYING SAID OFFICER. ADDITIONALLY, PAIRESCINDED AT ANY TIME DURING THE COURSE OF THE SOLE AND ABSOLUTE DISCRETION OF THE PRO | OR THEIR DESIGNEES WHILE RTICIPATION IN THE PROGRAM CAN BE THE ACADEMY WITHOUT CAUSE AND IS IN |
| THE UNDERSIGNED FURTHER PERMITS THE EPRINT OR DISPLAY ANY PHOTOGRAPHS OF ANY CHIOFFICE PUBLICATIONS IN THE BERGEN COUNTY PRINT RELEASES OR IN MEDIA COVERAGE OF THE EPROGRAM. | LD IN BERGEN COUNTY PROSECUTOR'S OSECUTOR'S OFFICE WEBSITE AND/OR |
| THE UNDERSIGNED FURTHER UNDERSTANDS BERGEN COUNTY YOUTH ACADEMY CANNOT ACCOR OR RESTRICTIONS. CADETS, HOWEVER, MAY BRING | MMODATE ANY SPECIAL DIETARY NEEDS |
| THE UNDERSIGNED FURTHER ATTESTS THAT RESTRICTIONS AND/OR LIMITATIONS AND MAY PARTHE BERGEN COUNTY YOUTH ACADEMY INCLUDING | TICIPATE IN ALL ACTIVITIES RELATING TO |
| I HEREBY ATTEST TO HAVING READ THIS DOC AND ACKNOWLEDGE THE UNDERSTANDING THEREC | |
| | |

DATE

PARENT/GUARDIAN SIGNATURE



Cadet Interest Form

THIS SECTION IS TO BE FILLED OUT BY THE APPLYING CADET, PARENT/GUARDIAN, OR SCHOOL COUNSELOR, TEACHER, OR RESOURCE OFFICER. IN THIS SECTION YOU MUST INDICATE WHAT MOTIVATES THE APPLICANT TO ATTEND THE ACADEMY OR WHY THE APPLICANT CAN BENEFIT FROM ATTENDANCE.

IN THE PAST, CERTAIN CADETS BENEFITED MORE THAN OTHERS IN LEARNING MORE ABOUT LAW

| ENFORCEMENT CAREERS, EXERCISE HABITS, SOCIAL SKILLS, AND DISCIPLINE. USE THE SPACE BELOW TO INDICATE HOW THE CADET MAY BENEFIT FROM THE YOUTH POLICE ACADEMY. ATTACH ADDITIONAL PAGES IF NECESSARY. | |
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| I grant □ | I do not grant □ |
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| my permission for my chi | d |
| to be dismissed from the | Bergen County Youth Police Academy, held |
| during the weeks of June | 26-July 7, 2017 on their own, without a parent/ |
| guardian being present a | the time of dismissal. |
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| | |
| | |
| Parent/Guardian Signatur | e Date |