

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 #17.

The Academy is an all-day program offered to high school students residing in Bergen County or attending high school in Bergen County. Preference will be given to students entering the 11th or 12th grade in September 2023. The Academy is free of charge.

This year's Academy will be held $\underline{\text{July 10}} - \underline{\text{21, 2023}}$. Upon completion of the Academy, there will be an official graduation ceremony on Friday, July 21st. Details will be provided. Family members and friends are invited to attend.

The 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, and physical activities. The cadets will be exposed to state, county, and municipal police agencies. Cadets will participate in daily physical training; there will be running and calisthenics.

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 will learn that these attributes can be achieved with focus, discipline, and personal responsibility. The 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 drop-off and pick-up location for the Academy will be at the Bergen County Jail, 160 South River Street, Hackensack. The program runs from 9:00 a.m. to 4:00 p.m. every day. Please keep in mind that there may be modifications to the scheduled hours, but 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. However, cadets may bring their own lunch, and we will keep it cool for them. We have no ability to heat up any lunches. Please complete 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, which must be worn beginning on the second day of the Academy through the completion of the program including graduation. Cadet uniforms must be cleaned daily preferably by the cadets themselves.

For the program to be successful, full participation is required. Each accepted cadet is required to attend every day of the program. There are <u>no exceptions</u> for driving tests, vacations, sports, or other activities.

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 cadets may find daunting initially. 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, the 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 forms that <u>MUST BE</u> completed and returned to the Bergen County Prosecutor's Office Community Engagement Division, 100 Eisenhower Drive, Paramus, New Jersey 07652, no later than <u>Friday</u>, <u>April 14, 2023</u>. The 8-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; however, we encourage you to apply as soon as possible. <u>Space is limited</u>.

If you have any questions, contact Community Engagement 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 by June 1, 2023. A parent/guardian <u>must</u> attend the parent meeting for your child to be accepted into the Academy.

BERGEN COUNTY YOUTH POLICE ACADEMY 2023 RULES AND REGULATIONS

- 1. Respect yourself and others.
- 2. You are expected to conduct yourself as a lady or gentleman at all times.
- 3. You will be on time and ready to participate each day.
- 4. The Academy uniform must be worn properly every day, including the graduation ceremony. Please wash it daily!
- 5. No make-up, jewelry, or hats, and long hair must be worn up.
- 6. All participants will follow directions of all instructors, both civilian and law enforcement.
- 7. When you are called on, you will stand and respond with "yes sir, no sir" or "yes ma'am, no ma'am."
- 8. Raise your hand if you want to speak.
- 9. Pay attention to the speakers. Disruptions will not be tolerated.
- 10. No foul language or foul play.
- 11. Stay with your group on field trips.
- 12. No electronics are permitted except for cell phones. However, cell phones must be turned off and stowed during the day and may only be used when permitted by an instructor.



THE FOLLOWING INFORMATION IS REQUIRED OF ALL APPLICANTS. ANY FALSE OR INCOMPLETE INFORMATION COULD EXCLUDE THE APPLICANT FROM PARTICIPATING IN THIS PROGRAM.

STUDENT INFORMATION: (MUST PRINT CLEARLY)

STUDENT'S NAME:					
LAST	FIRST				
ADDRESS:					
CITY:	STATE: ZIP:				
HOME PHONE:	CADET CELL NUMBER:				
DATE OF BIRTH://	M/F/X:				
CADET EMAIL:	AGE:				
HAVE YOU EVER PARTICIPATED IN	N THE BERGEN COUNTY YOUTH POLICE ACADEMY PROGRAM?				
YES OR NOIF YES, WHAT	Γ YEAR DID YOU ATTEND?				
PARENT/GUARDIAN INFORMATIO	<u> </u>				
PARENT/GUARDIAN:	PARENT EMAIL:				
CONTACT NUMBERS: HOME	WORK				
CELL NUMBER:	ALTERNATE CELL NUMBER:				
ARE THERE ANY CUSTODIAL LIMIT (If yes, parent must attach a current c					
What language(s) is/are spoken at ho	me?				
English Spanish (Other (indicate)				

ALTERNATE EMERGENCY CONTAC	<u>:T:</u> (O	ther than p	arent informa	ation listed	above):		
NAME:							
RELATIONSHIP:		· · · · · · · · · · · · · · · · · · ·					
ADDRESS:							
TOWN:							
PHONE:		CELL N	UMBER:				
EMAIL:							
HIGH SCHOOL INFORMATION							
MUST BE ENTERING THE 9 th , 10 th , 1	1 th or 1	I2 th Grade i	n September	2023 to be	eligible fo	r the Academy.	
NAME OF SCHOOL:			0	CURRENT (GRADE:		
SCHOOL ADDRESS:							
CITY:	_STA	TE:	PHONE	NUMBER:			
PRINCIPAL:		GUII	DANCE COUN	NSELOR: _			
Uniforms Are Adult Sizes							
T-SHIRT SIZE (PLEASE CIRCLE): (S) (M)	(L) (XL)	(XXL)				
GYM SHORT SIZE (PLEASE CIRCLE): (S)	(M) (L) ((XL) (XXL)				
Please circle your true size. Oversize select uniforms in the closest size avai		ersize clothii	ng <u>is not</u> acce _l	ptable and t	he cadet w	ill be required to	
By virtue of my signature, I ackn							that
all the information I have provide	a is a						
(Name of Applicant)			considered rgen County	·			
(Name of Applicant)		БС	gen county	Todili	nioc / toac	ioniy.	
PARENT/GUARDIAN SIGNATU	RE		APPI	LICANT'S	SIGNAT	URE	
DATE:							

MEDICATION AND HEALTH HISTORY FORM

Please be advised that your child will be participating in outdoor, physical activities. If your child should not participate in a certain activity or should your child require special accommodations, 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 or carry the medication with him/her during the Academy. Medication must be in its 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:					
\square My Child Does Not Take Any Prescribed Medication.					
\square My Child Takes Prescribed Medication, which he/she must take or carry during the Academy (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, including Tylenol, Ibuprofen, and Midol. If a cadet requires use of non-prescription medications during the program, a note to that effect must be provided by the parent/guardian in advance, and the cadet must bring the medication with him/her.

PART B: HEALTH HISTORY

Name	e of Youth:
Chec	k "Yes" or "No" for each statement. Explain "Yes" answers below:
Has/E	Ooes the cadet:
1.	Ever been hospitalized?
2.	Ever had surgery?
3.	Have recurrent/chronic illness? ☐ 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.	Wear glasses, contacts, or protective eyewear? $\ \square$ Yes $\ \square$ No
10.	Had fainting or dizziness? ☐ Yes ☐ No
11.	Passed out/had chest pain during exercise?
12.	If female, have problems with periods/menstruation? \square Yes \square No
13.	Ever had back/joint problems?
14.	Traveled outside the country in the past 9 months?
15.	Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder
	(AD/HD)? ☐ Yes ☐ No
16.	Ever been treated for emotional or behavioral difficulties or an eating disorder?
	☐ Yes ☐ No
17.	Had a significant life event that continues to affect the cadet's life? ☐ Yes ☐ No

travel outside the country, please name countries visited and dates of travel.
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.
I ATTEST THAT MY CHILD HAS BEEN FULLY IMMUNIZED AND THAT HIS/HER IMMUNIZATIONS ARE CURRENT.
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 IT TRAINING/EXERCISE/SPORTS, ALL THE ACTIVITIES CAS WELL AS TRANSPORTATION TO AND FROM PHOTOGRAPHY/VIDEOTAPING/INTERVIEWS.	OUTLINED IN THE CALENDAR OF EVENTS,
THE UNDERSIGNED HEREBY RELEASES AND INCLUDING THE BERGEN COUNTY PROSECUTOR'S COUNTY SHERIFF, AND THEIR AGENTS AND EMPLICATIONS AND CAUSES OF ACTION THAT THE UNDINJURIES, DAMAGES OR LOSSES OF ANY NATURE RESULT OF PARTICIPATION IN THIS PROGRAM AND YOUTH ACADEMY PARTICIPANT.	OFFICE, THE OFFICE OF THE BERGEN LOYEES THEREOF, FROM ALL LIABILITY DERSIGNED MAY HAVE FOR PERSONAL , WHICH MAY RESULT OR OCCUR AS A
THE UNDERSIGNED FURTHER AGREES TO HE YOUTH ACADEMY INSTRUCTORS, POLICE OFFI ACCOMPANYING SAID OFFICER. ADDITIONALLY, PARESCINDED AT ANY TIME DURING THE COURSE OF THE SOLE AND ABSOLUTE DISCRETION OF THE PROGREE.	CERS OR THEIR DESIGNEES WHILE ARTICIPATION IN THE PROGRAM CAN BETHE ACADEMY WITHOUT CAUSE AND IS IN
THE UNDERSIGNED FURTHER PERMITS THE PRINT OR DISPLAY ANY PHOTOGRAPHS OF MY CHI OFFICE PUBLICATIONS, ON THE BERGEN COUNTY I RELEASES AND SOCIAL MEDIA SITES, OR IN MEDIA YOUTH ACADEMY PROGRAM.	LD IN BERGEN COUNTY PROSECUTOR'S PROSECUTOR'S OFFICE WEBSITE, PRINT
THE UNDERSIGNED FURTHER UNDERSTAND BERGEN COUNTY YOUTH ACADEMY CANNOT ACCORD OR RESTRICTIONS. CADETS, HOWEVER, MAY BRING	MMODATE ANY SPECIAL DIETARY NEEDS
THE UNDERSIGNED FURTHER ATTESTS RESTRICTIONS AND/OR LIMITATIONS AND MAY PART THE BERGEN COUNTY YOUTH ACADEMY INCLUDING	TICIPATE IN ALL ACTIVITIES RELATING TO
I HEREBY ATTEST TO HAVING READ THIS UNDERSTANDING THEREOF.	DOCUMENT AND ACKNOWLEDGE THE
PARENT/GUARDIAN SIGNATURE	DATE
I AILII I OOAINDIAII OIOIIA I OIL	



Cadet Interest Form

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

USE THE SPACE BELOW TO IN ACADEMY. ATTACH ADDITIONAL		IAY BEN	NEFIT	FROM	THE	YOUTH	POLICE
							1 1 1 1
	 						
	 						



I grant □	I do not grant □
permission for my child	
to be dismissed each day	from the Bergen County Youth Police Academy,
held during the weeks of	July 10 – July 21, 2023 on his/her own, without a
parent/guardian being pres	ent at the time of dismissal.
Parent/Guardian Signature	Date
COMPLETE THIS SECTION IF A	PPLICABLE:
I provide authorization for Lyft, Uber, etc.	my child to ride in a ride-sharing service, such as
Parent/Guardian Signature	