



Greenwich Township Paulsboro Junior Police Academy Application



Academy Overview

The Junior Police Academy will be held from **July 21–25, 2025**, for students entering **grades 4 through 12**. There is **no fee** to attend, but **priority will be given to Paulsboro and Greenwich Township residents**.

Purpose

The mission of the Junior Police Academy is to provide youth with the opportunity to experience the methods and techniques used in law enforcement. The academy emphasizes key values such as **respect, self-discipline, integrity, equality, education, and physical fitness**.

Cadets will participate in daily exercises, training scenarios, and team-building activities designed to foster a better understanding of the law enforcement profession. The program focuses on **problem-solving skills** and the role of the police officer as a **public servant**.

Application Process

Applications are available at the **guidance offices** of participating schools or at the **Paulsboro Police Department** and **Greenwich Township Police Department**.

If you have any questions about the application or the academy, please contact:

- Officer Pierce at apierce@paulsboropd.com
- Detective Davis at kdavis@greenwichpd.com

Completed applications should be returned by **June 13, 2025** to:

- **Paulsboro Police Department**
- **Greenwich Township Police Department**
- The applicant's **school principal or guidance counselor**

Junior Police Academy Application Form

Applicant Information

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Uniform Size

Shirt: _____ Pants: _____

Applicant Questions

1. Why do you wish to enroll in the Junior Police Academy?

2. List any medical conditions or allergies that may limit your participation in physical fitness or contact activities:

3. List any organizations you are or were involved with and any awards or recognitions received:

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⚠ Medical Disclaimer

The determination of medical restrictions is the responsibility of the applicant and their guardian. Please consult a healthcare provider about any medical concerns. Your signature releases the Paulsboro Police Department, Greenwich Township Police Department, and Paulsboro High School from liability.

Applicant Signature: _____ **Date:** _____
Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Information

Name: _____
Address: _____
Home/Work Phone: _____ **Cell:** _____
Email: _____
Employer: _____

Emergency Contact / Pickup Authorization

Additional Authorized Pickup Person: _____
Phone Number: _____
Authorized to Walk Home: Yes No

Photo/Video Release

The Paulsboro Police Department and Greenwich Township Police Department requests permission to use photos or videos of your child participating in the Junior Police Academy. These may appear in:

- Television or newspaper coverage
- Educational or promotional materials
- Social media platforms

Please check each box to indicate your permission:

Photos: YES NO

Videos: YES NO

Child's Name in Captions: YES NO



Greenwich Township Police Department

Junior Police Academy Permission Form

I hereby grant permission for _____ to participate in Greenwich Township's Junior Police Academy on _____ and hereby agree as follows:

1. I fully understand and acknowledge that: (a) Risks and dangers exist in my child's participation in Junior Police Academy; (b) My child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property; (c) These risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to physical activity, weather conditions, and other such risks, hazards and dangers that are integral to recreational activities that take place in an outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.
2. I have been advised that my child must wear appropriate footwear (sneakers) at all times while participating in the program.
3. I affirm that my child will not be under the influence of alcohol, controlled dangerous substance, or any other behavior altering substance and will not carry or consume these substances before or during his/her scheduled activities.
4. I affirm my child is in good health. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problem, which will present any risk to his/her participation in the activities. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.
5. Any claims or dispute arising from my child's participation shall be venued in the Gloucester County Superior Court of the State of New Jersey.

I HAVE READ THE ABOVE AND BY SIGNING BELOW I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN GREENWICH TOWNSHIP POLICE DEPARTMENT'S JUNIOR POLICE ACADEMY AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

I do I do not permit the use of any photo, film, sketch, or any other image (s) of my child taken during the program to be used for publicity, advertising, promotion, or other purposes.

Child's Name: _____ Age: _____

Home Address: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Phone #: _____ Email: _____

Parent/Guardian Signature _____ Date _____