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LAST NAME

FIRST NAME

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MEDFORD TOWNSHIP POLICE

# Junior Police Academy

APPLICATION



91 UNION STREET, MEDFORD, NJ 08055  
[WWW.MEDFORD-POLICE.ORG](http://WWW.MEDFORD-POLICE.ORG)

CLASS # 7 - 2024



## MEDFORD TOWNSHIP POLICE DEPARTMENT

91 Union Street, Medford, New Jersey 08055

(609) 654-7511

### JUNIOR POLICE ACADEMY APPLICATION

#### PERSONAL

Name	Date of Birth	Age
Home Address		
Home Phone	Cell Phone	
Mother's Name	Father's Name	
Mother's Cell Phone	Father's Cell Phone	
Mother's Email	Father's Email	

**EDUCATION:** *Must attach a copy of the applicant's most recent report card.*

**Junior Police Academy Applicants must be entering either the 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade in September.**

School Name and Grade completed to be completed this June	Name of School attending this September
Name of Principal	<input type="checkbox"/> Haines Six Grade Center <input type="checkbox"/> Medford Memorial Middle <input type="checkbox"/> OTHER: _____

**BACKGROUND**

1) Please explain briefly why you wish to be enrolled in the Medford Township Police Department Junior Police Academy. (Use the last page if additional space is needed)

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2) Please list any associations, clubs, and/or organizations you belong to or are affiliated with.

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3) Have you ever been charged as a Juvenile Delinquent, convicted of, and or cited/summonsed for any offense?

Yes  No  *If yes, explain in detail listing appropriate dates, charges, location and disposition of incident(s).*

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**SPONSOR:** Attach a letter provided by your selected sponsor. *(Applicants can use, but are not limited to a police officer, school principal, guidance counselor, teacher, community representative, coach or religious leader. The Sponsor should not be listed as a reference. )*

Sponsor's Name	Sponsor's Position or Title
Phone Number	

**REFERENCES:** *(Applicants can use, but are not limited to a police officer, school principal, guidance counselor, teacher, community representative, coach, religious leader, neighbor, or family friend.)*

Reference #1 First Name	Last Name	
Relationship	Phone Number	
Street Address		Town/City and State
Reference #2 First Name	Last Name	
Relationship	Phone Number	
Street Address		Town/City and State

**EMERGENCY CONTACT:** In the event we are unable to reach the parents/guardians, please list two additional (adult) emergency contacts to be contacted in case of an emergency.

Full Name	Relationship
Address	Phone
Full Name	Relationship
Address	Phone

**MEDICAL INFORMATION**

*This information is given voluntarily and is part of my health record maintained by the Medford Township Police Department. This information will be kept **confidential** and referred to only in the event of an emergency.*

Please list any medications either prescribed or over the counter that you are currently taking. Describe the purpose the medications are prescribed:

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Describe any Allergies You May Have:

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**Review this application and answer carefully.  
Read the statement below prior to signing.**

***“I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejections of enrollment or dismissal from the Medford Township Department Junior Police Academy.”***

***“I further understand that the Medford Township Police Department will be conducting a thorough background investigation which may include, but not limiting to, any criminal history and personal references checks.”***

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*PRINT NAME – JUNIOR POLICE APPLICANT*

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*SIGNATURE – JUNIOR POLICE APPLICANT*

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*Date*

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*PRINT NAME OF PARENT/GUARDIAN*

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*SIGNATURE OF PARENT/GUARDIAN*

---

*Date*

---

*PRINT NAME OF PARENT/GUARDIAN*

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*SIGNATURE OF PARENT/GUARDIAN*

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*Date*



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### JUNIOR POLICE ACADEMY

### Parent/Guardian Authorization to Participate

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#### Authorization and Permission form to attend the MTPD Junior Police Academy

The undersigned parent/guardian gives authorization and permission for their child to attend the Medford Township Junior Police Academy. The parent/guardian understands that the program includes, but is not limited to, physical fitness activities, marching, classroom training, hands on training, and a possible field trip to a location that will be determined in the future.

The parent/guardian further acknowledges that their child is in good physical condition to participate in every part of the Medford Township Junior Police Academy. The parent/guardian and cadet agree to obey reasonable direction given by the instructors and staff running the Medford Township Junior Police Academy.

Cadets can withdraw from the Medford Township Junior Police Academy upon request and their parent/guardian will be called immediately. A cadet's ability to participate in the Medford Township Junior Police Academy can be rescinded at any time during the course of the academy at the discretion of the academy instructors. An example of a cause for dismissal would be creating a dangerous situation, not listening to staff of the Medford Township Junior Police Academy, rude behavior, bullying or mistreatment of other cadet's.

**The undersigned parent/guardian hold the township of Medford, the Medford Township Police Department, and the instructors of the Medford Township Junior Police Academy free from any and all liability, claims and cause of action that a cadet may have during any participation in the Medford Township Junior Police Academy. The parent/guardian agrees to allow the Medford Township Police or Township of Medford to display pictures/video of their children to be used for future lawful purposes. The Medford Township Police Department agrees to provide a safe environment and quality instruction at all times while trying to introduce cadet's to the initial phases of a career in policing.**

The parent/guardian is hereby requesting that their child be accepted into the Medford Township Junior Police Academy.

**I hereby agree to having read and understanding the content of this document.**

\_\_\_\_\_  
Participant's Name / Age

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name (Signature)



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### JUNIOR POLICE ACADEMY

### Disclaimer and Waiver of Liability

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The Medford Township Junior Police Academy is provided as a public service by the Medford Township Police Department. *By execution of this form, the undersigned grants permission for their child/minor to participate in the program.* The execution of this form also represents acknowledgment by the undersigned that participants in the program will be exposed to crime scene photographs, police videos, use of force scenarios, scenes with firearms simulators, and potentially violent canine demonstrations. Some of these situations may be offensive and disturbing to some participants and the signature below acknowledges that the parent/guardian understands this and grants permission for their child/minor to participate.

### RESTRICTIONS OF LIABILITY

The Medford Township Police Department makes no claims, promises or guarantees about the Academy and expressly disclaims liability for errors and omissions in the contents of the Academy. No warranty of any kind, implied, expressed or statutory, is given with respect to the contents of this Academy. Reference in the Academy to any specific commercial products, processes, or services, or the use of any trade, firm or corporation name is for the information and convenience of the public, and does not constitute endorsement, recommendations, or favoring by the Medford Township Police Department.

\_\_\_\_\_  
Participant's Name / Age

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name (Signature)





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### JUNIOR POLICE ACADEMY

#### Medical Waiver and Information

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Parent/Guardian does your child have any medical condition or pre-existing injuries that might be helpful for the instructors to know before or during the time they are attending the Medford Township Junior Police Academy? (Examples include but are not limited to the following: allergies, asthma, diabetes, sprains, muscular issues, and/or any other physical or mental issues that may need to be considered during the training)

YES  NO

If YES, please explain:

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List any medications your child may be taking or need during the summer time Junior Police Academy. Please Note: The police instructors will **NOT** assist the cadet with taking their medication.

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Parent/Guardian by signing this form you give permission of any and all medical attention necessary to be administered on behalf of your child in the event of an accident, injury, sickness, etc., until such time as a parent/guardian can be contacted and respond to take custody of the child. I (Parent/Guardian) also assume responsibility for the payment of any such treatment to include but not limited to ambulance and hospital services.

Participant's Name / Age

Parent / Guardian Name (Print)

Date

Parent / Guardian Name (Signature)



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### JUNIOR POLICE ACADEMY

### Photograph/Video Release Form

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I hereby grant the Medford Township Police Department and its representatives, permission to use my likeness in a photograph in any and all of its publications, including websites, without payment or any other consideration.

I understand and agree that these items will become the property of the Medford Township Police Department and will not be returned.

I hereby irrevocably authorize Medford Township Police Department to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing events and activities administered by the Medford Township Police Department or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Medford Township Police Department and its representatives from all claims, demands and cause of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name; or I am the parent/guardian of a minor within the photograph, and I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Participant's Name / Age

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name (Signature)



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### JUNIOR POLICE ACADEMY

### Liability Release Form

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(Please Print)

I, the undersigned, **(Parent's Name)** \_\_\_\_\_ residing at **(Address)** \_\_\_\_\_, State of NJ, being the parent or legal guardian of **(Participant's Name)** \_\_\_\_\_, do hereby give my permission for him/her to attend the Medford Township Junior Police Academy (MTJPA) and in consideration of allowing him/her to participate in the above mentioned program.

Voluntarily and knowingly I assume all risks and hazards incidental to such participation and shall indemnify, save harmless and defend the Medford Township Junior Police Academy and the Township of Medford, its employees, instructors, agents, volunteers and others working on behalf of the Township, from and against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property loss, expense claims or demands arising out of the APPLICANT'S participation in the MTJPA release and discharge the Junior Police Academy, Township of Medford, Burlington County, the Medford Township Police Department's employees, agents, successors, assigns and 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 Junior Police Academy.

I also acknowledge that **(Participant's Name)** \_\_\_\_\_ has no limiting medical conditions and is fully capable of participating in the program. I appoint the Medford Township Police Department to act in my place, in the event that **(Participant's Name)** \_\_\_\_\_ should require medical attention while involved in the Junior Police Academy program. This appointment is for the purpose of securing benefits for the health and welfare of **(Participant's Name)** \_\_\_\_\_ and expressly includes

the authority to sign releases to physicians who may render emergency medical care and services. I promise to assume liability for payment of all such professional services, and to reimburse the Township of Medford for any expense that may be incurred for treatment, care, drugs, and other services for **(Participant's Name)**\_\_\_\_\_.

In consideration of all above as well as the supervision provided on my behalf and on behalf of **(Participant's Name)**\_\_\_\_\_. I hereby agree to hold the Medford Township Police Department, Township of Medford employees, instructors, agents, successors, assigns, its agents and all others who may be liable, harmless for results of any decision it may make in connection with the care and treatment of **(Participant's Name)**\_\_\_\_\_.

I agree that if the above-mentioned participant's behavior is such that it endangers the welfare of the entire group, the Township of Medford and Medford Township Police Department has my permission to send him/her home.

I agree to allow the Medford Township Police or Township of Medford to display pictures/video of my child to be used for future lawful purposes.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**  
*MUST BE NOTARIZED*

Please utilize this page for any additional information.

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**T-Shirt Size (adult sizes)** -- S M L XL XXL

<b><i>MTPD – Junior Police Academy STAFF ONLY</i></b>			
Application Received by:		Received Date:	
Investigator Assigned:			
Accepted into Class:	Yes [ ]	No [ ]	Date of Class:
Acceptance Letter Mailed:	Yes [ ]	No [ ]	Date of Letter:
NOTIFICATION TO APPLICANT			
By:	Date:	Time:	
Applicant Accepted [ ]		Applicant <b>DOES NOT</b> wish to participate [ ]	
Reason for Denial or withdrawal:			