



Springfield Police Department

Junior Police Academy

PLEASE NOTE: Applications will be accepted beginning May 15, 2015, and the deadline for applications will be June 30, 2015.

Press Release

Springfield Police Department Chief of Police John P. Cook has announced the dates for the 2015 session of its Junior Police Academy. The academy will be running two, one-week sessions from July 13th thru 17th, 2015 (Session 1) & August 17th thru 21st, 2015 (Session 2), which will be held at the Springfield Police Department. Classes will run from 8:00 am to 2:00 pm daily. Please note on the application which session you would prefer first. We will try and accommodate requests on first come first served basis.

This will be the 2nd year of this program, designed to provide area youth with the opportunity to gain an understanding of the role of the Police Officer. While other youth academy programs provide a day camp setting, the Springfield Police Junior Academy has been modeled after today's police academy. Those accepted to the program will undergo physical training and daily training in Drill and Ceremony, will be instructed in criminal investigation techniques, evidence recovery, patrol practices and effects of alcohol and drugs. In addition, the cadets will participate in field trips to the Union County Police Academy and attend demonstrations from various specialized units that are available to law enforcement, such as the police canine unit, SWAT team, and the bomb squad.

Springfield Police Department
100 Mountain Ave * Springfield, NJ 07081
(973) 376-0400



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Each cadet will receive official Springfield Police Junior Academy uniforms to wear throughout the course. Upon successful completion of the course, the cadets will participate in a graduation in which they will be presented with a certificate of completion.

Acceptance into this program requires that the applicant be between the ages of 11-14. Those that qualify will be selected based upon the return date of their application and tuition payment of \$100.00. These applications are to be dropped off to the desk Officer at the Police Department. Please note, however, that preference will be given to Springfield residents and **NEW CADETS**, as we would like to make this experience available to as many of our youth as possible. Anyone not selected for this program will receive the tuition payment back in full.

Applications will be available at the Police Department, Florence M. Gaudineer Middle School Office, and online at <http://www.springfield-nj.us>

Applications will be accepted beginning May 15, 2015, and the deadline for applications will be June 30, 2015.

For additional information please contact the Springfield Police Department at (973) 376-0400 and speak to Officer Ryan Westover or Officer Frank Cunha.

Officer Westover ryan.westover@springfield-nj.us

Officer Cunha frank.cunha@springfield-nj.us

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Applicants must be between the ages of 11-14. Springfield residents will be given preference; out of town applicants will go on a waiting list. Applications will be accepted as of May 15, 2015 with a deadline of June 30, 2015. Applications may be mailed to the Springfield Police Department, Attn: Junior Police Academy 100 Mountain Ave. Springfield, NJ 07081 or hand delivered to the Police Desk. Classes will run from 8:00 am to 2:00 pm daily.

Cost: \$100.00 for the week (check's made out to Twp of Springfield)

Applicant Name: _____ Age as of 7/13/2015 _____

Date of Birth: _____ Male: _____ Female: _____

Home Address: _____

Home Phone: _____

School: _____ Grade as of 9/2015 _____

Session Preference: July 13- 17 _____ August 17-21 _____

(Mark #1 for first choice and #2 for second choice)

Parent/Guardian Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

E-Mail: _____

E-Mail: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

***PLEASE NOTE: CHILDREN WILL NOT BE PERMITTED INTO THE PROGRAM UNLESS PARENTS HAVE ATTENDED THE ORIENTATION MEETING OR SPOKE PERSONALLY WITH OFFICER FRANK CUNHA OR OFFICER RYAN WESTOVER**

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Emergency Contact Information

The following designated individuals may act on behalf of the parent / guardian in case of an emergency where the parent / guardian cannot be reached. This information must be filled out before your child can participate in the Junior Police Academy programs. Thank you for your anticipated cooperation.

1. **Name:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____
Alternate Contact Number: _____
E-mail Address: _____

2. **Name:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____
Alternate Contact Number: _____
E-mail Address: _____

3. **Name:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____
Alternate Contact Number: _____
E-mail Address: _____



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Emergency Medical Treatment Form

To: EMERGENCY ROOM MEDICAL STAFF

My son/daughter, _____ has my permission to participate in the Springfield Police Department Junior Police Academy.

In the event of an illness or injury to my son/daughter while participating in this activity, I consent to X-ray examination's, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending Physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending Physician to prescribe and administer any necessary medication needed in the event of a medical emergency.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

FAMILY PHYSICIAN INFORMATION

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

MEDICAL INSURANCE INFORMATION

Insurance Company Name: _____

Policy Number: _____ Exp. Date: _____

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RELEASE OF LIABILITY FORM

_____, the undersigned parent / guardian of
_____, residing at
_____ Springfield, NJ, do hereby give my son /
daughter permission to attend the Springfield Police Department Junior Police
Academy and in consideration of allowing him / her to participate in the above
named program, I voluntarily and knowingly release and discharge the Junior
Police Academy, Springfield Police Department, Township of Springfield, 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 Junior Police Academy program.

I understand that my son / daughter will have the opportunity to run the agility
course, tour the Springfield Police Department, the Union County Police
Academy, and will be viewing demonstrations from the Canine Unit, SWAT
Team, and Bomb Squad.

This hold harmless agreement is a testament to my understanding of the above,
evidenced by my signature.

Parent / Guardian Signature

Date



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To ensure that your cadet's uniforms are received in time for the start of the session, please return the completed form, along with the tuition payment of \$100.00 no later than June 30, 2015. The forms and payment may be mailed to the Springfield Police Department, Attn: Junior Police Academy, 100 Mountain Ave. Springfield, NJ 07081 or you may hand deliver it to the Police Desk located at the same address. Please place the completed form and payment in a sealed envelope addressed to the Youth Academy. Those not accepted into the 2015 class will be given their check back through mail.

Applicant Name: _____

Home Address: _____

Home Phone: _____

SHIRT SIZE

Adult Small

Adult Medium

Adult Large

Note: All cadets will be required to wear support style athletic sneakers. Sneakers without laces or open backs (slip on style) are not permitted.

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