

# MARLBORO TOWNSHIP POLICE YOUTH ACADEMY

2016



---

## APPLICATION



---

## Youth Police Academy Fact Sheet

**Dates/Hours:** August 8<sup>th</sup>- August 19<sup>th</sup> 2016, 7:30AM TO 3:30PM (Times may vary)

**Recruits MUST attend all days and hours of the training.**

**Drop off:** Marlboro Middle School Route 520 East

**Pick up:** Marlboro Middle School, Route 520 East

**Requirements:** Eligible participants currently in 7<sup>th</sup> and 8<sup>th</sup> Grades

**Residency:** Marlboro Township residents are given first preference. If there are still openings, we will accept out of town applicants.

**Cost:** The Youth Academy is free.

**Uniform:** Recruits will receive 3 t-shirts and one baseball cap. Recruits must provide a pair of navy cargo shorts, a black belt, white ankle socks and a pair of **RUNNING** sneakers.

**What is the program all about?** The program is designed to give young adults a look into a career in law enforcement by providing team building skills, close order drills, classes and physical training sessions that will help build confidence, promote self-reliance and teamwork.

**How intense is the program?** The Youth Police Academy is an extremely intense experience, but we are there every step of the way to help our recruits overcome the challenges. At the end of the 2 week academy, each recruit will participate in a graduation ceremony that concludes with each recruit receiving a certificate of completion.

**Is this program similar to a boot camp for children with disciplinary issues?** Absolutely not. In fact, we will not accept any child who doesn't want to voluntarily participate in the program.

**What if my child is not interested in the law enforcement field?** No problem. In fact our goal is to give them the information and experience and let them make their own decision as to what they like and don't like. Some kids will come in thinking that law enforcement is not for them and have a change of heart after they see what it is all about. The program will benefit your child no matter what they choose to do in life.



---

## Youth Police Academy Fact Sheet

**How intense is the physical training?** Most kids find the PT training to be intense and challenging. **NOTE:** Medical clearance forms are required prior to the program, and they must be signed by the child's physician.

**Does my child have to attend every day?** Yes. Again, we require that they attend every day and complete the entire days training.

**Do I have to attend a parent's meeting?** Yes. A parent/guardian **MUST** attend the parent meeting on **Monday June 6<sup>th</sup> at 7 p.m.** at town hall. If a parent/guardian does not attend the meeting, his/her child will not be permitted to attend the Youth Academy.

### IMPORTANT DATES TO REMEMBER

Friday May 13<sup>th</sup>: Last day to submit your application

Monday June 6<sup>th</sup>: **MANDATORY** parent meeting 7 p.m. Town Hall

Monday August 8<sup>th</sup>: First Day of Youth Academy Marlboro Middle School 7:30 a.m.

**Questions?** If you have any questions, please contact Cpl. Andrew Goldberg #93  
[agoldberg@marlboropd.org](mailto:agoldberg@marlboropd.org)



# *Marlboro* **POLICE**

---

## **Marlboro Township Police Youth Academy**

### **Rules and Regulations**

1. Each day you will report to the academy and be in formation at 7:30 a.m. You are required to be on time and in uniform. Uniform is the issued baseball cap, T-shirt, Navy shorts, white socks and running sneakers.
2. You will be dismissed at 3:30 p.m. every day; if there is a change in this time you will be notified the day before.
3. There will be no eating or drinking while class is being conducted. Instructors will provide breaks as needed.
4. If you need to use the restroom, advise a staff member first.
5. You will bring your own healthy brown bag lunch each day. A refrigerator will be provided.
6. Unless jewelry is worn for religious reasons, we ask that no jewelry be worn.
7. Cell phones are allowed, but will be in the off position at all times, and only used with the permission of a staff member. If parents/guardians need to get in touch with you, they can call Police Headquarters at 732-536-0100.
8. You must attend the academy every day. No exceptions.
9. If at any time you feel ill or injured in any way, notify a staff member immediately.
10. There will be no use of profanity, nor any verbal arguments or physical fighting during the academy. You will follow the direction/orders of the staff members and/or police officers. Any violation of this rule will result in your parent/guardian being notified and you will be asked to leave the academy and not return. ~~If you have conflict or dispute with another academy member, notify a staff member immediately.~~
11. At all times, police officers and staff members will be addressed by their rank, or "Sir" or "Ma'am".
12. At the times we are out of the academy, at a field trip of another agency, you will conduct yourself with the upmost respect and professionalism.



# Marlboro **POLICE**

## Marlboro Township Police Youth Academy

### Application for Enrollment

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

T-Shirt Size (Adult sizes only) S M L XL

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Relation to Child \_\_\_\_\_

**By signing this application, you agree that all the information you have provided is true to the best of your knowledge and you agree to abide by all the rules and regulations contained herein.**

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Please return completed application by Friday May 13th to:**

Cpl. Andrew Goldberg #93 [agoldberg@marlboropd.org](mailto:agoldberg@marlboropd.org)

Marlboro Township Police Department

1979 Township Drive, Marlboro N.J. 07746



# *Marlboro* **POLICE**

---

## **Marlboro Township Police Youth Academy**

### **Parent/Guardian Permission Sheet**

I hereby give permission for \_\_\_\_\_

to fully participate in the Marlboro Township Police Youth Academy, all activities therein and all off site field trips. I understand that my child has to be at the Marlboro Middle School at 7:30 am each day and will be released at approximately 3:30 pm each day. I understand that I am making a commitment to have my child present for all days of this academy.

I fully understand that participants in this program will participate in drill instruction, physical exercise and physical exertion. I understand that they are subject to police academy type discipline. I understand that failure to comply with the rules and regulations will result in my child's dismissal from the academy.

Name of Parent/Guardian \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

---

**The Marlboro Police Department must be able to reach a parent, guardian, or emergency contact at all times that the academy is in session.**



---

**Marlboro Township Police Youth Academy**

**Medical Clearance Form**

Please print or type

Applicants Name \_\_\_\_\_

Name of Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number (    ) \_\_\_\_\_

**Based upon a medical examination and a review of the applicant's health history, I certify that the applicant is medically fit to participate in the Marlboro Township Police Youth Academy. I understand the course involves but is not limited to: Running, Strength Training, Pushups, Sit ups and Pull ups, Medium Physical Exertion and Basic Physical Conditioning.**

---

Physician Signature \_\_\_\_\_ License# \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Marlboro **POLICE**

## Marlboro Township Police Youth Academy

### Prescription Drug Permission Form

Applicant Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Time of each dosage \_\_\_\_\_

Amount of each dosage (I.E. 1 tsp, 1 table, etc.) \_\_\_\_\_

Prescribing Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_

I am the parent/guardian of the above named child. I understand that the representatives of the Marlboro Police Department will **not** administer the medication(s) to my child, but will allow my child to possess one (1) days dosage of the medication and will endeavor to remind my child to take the medication at the prescribed time. I have read and understand this form. I understand and accept the fact that the Marlboro Police Department takes no responsibility for assuring that my child takes the correct dosage at the correct times. **I understand that I can personally administer the medication to my child or arrange to have a responsible adult do so during the time that my child participates in this program.**

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_



---

## Marlboro Township Police Youth Police Academy

### Media Waiver

I, \_\_\_\_\_

am aware that there may be representatives from various media outlets attending the Marlboro Township Youth Police Academy program during the two weeks.

The media may be taking photographs, video or other forms of electronic media. They may also interview the recruits for print or electronic media publication.

Additionally, members of the Marlboro Township Police Youth Academy staff will be taking still photographs and video during the course of the program. These video and /or still photographs may also be used by media outlets.

These videos and /or still photographs may be posted on websites including but not limited to the official Marlboro Township site, the official Marlboro Township Police Department site, the official Marlboro Township PBA #196 site, or a private video/photo sharing site for access only by authorized persons.

I understand these points and consent to my child's image, likeness, photograph, and/or video clip to be used in the manner depicted above.

---

Applicant's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_