



Park Ridge Police Department

Junior Police Academy

33 Park Avenue – Park Ridge, New Jersey
(201)391-5401



CODE OF CONDUCT

Applicants are to read and initial each point on the line provided.

1. Students must be respectful and conduct themselves in a professional manner at all time. _____
2. Students are required to arrive on time, every day. Students will be released to a parent/guardian at the conclusion of each class. Under no circumstances will a student be permitted to leave without an adult. _____
3. Students are required to be present at all Junior Police Academy functions unless prior arrangements are made. _____
4. Students are required to obey all orders of Junior Police Academy instructors. Students are not to leave the class without the permission of an instructor. _____
5. Use of obscene, vulgar, or profane language will not be tolerated. _____
6. Use of pagers or cellular phones at any Junior Police Academy function is strictly prohibited. If possessed, they must be turned off during training. _____
7. All candidates of the Junior Police Academy will, in essence, be representatives of the Borough of Park Ridge as well as the Police Department. Therefore, any activity or behavior that is deemed unbecoming of a member of the Junior Police Academy, inclusive of Internet postings and communication, will be grounds for dismissal. _____
8. Violation of any of the above guidelines will be grounds for dismissal. _____
9. In the event that a student does not complete the Junior Police Academy program, all issued items must be immediately returned to the Park Ridge Police Department. _____

DRESS CODE

The Junior Police Academy has been developed in an effort to educate students about the Police function, and to provide each student with the best possible learning experience. Consequently, it is necessary that students present themselves in a neat and well-groomed manner.

Students will be provided uniforms bearing the Junior Police Academy logo, and will be required to wear these uniforms to all Academy events. Further, students will be required to wear sneakers (**NO SANDALS OR FLIP FLOPS**).

Signature of Applicant

Date

Signature of Parent/Guardian

Date





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APPLICATION FOR MEMBERSHIP

***Please Print or type**

Name(Last, First, MI)

Sex

Age

Address

Date of Birth

City, State, Zip Code

(____) _____ - _____
Telephone Number

Parent/Guardian

Relationship

PARENT'S E-Mail Address

School Attending

Grade Level

Average

In case of emergency, please contact:

Name

Relationship

(____) _____ - _____
Home Phone

(____) _____ - _____
Cell Phone

Parent's E-Mail

Shirt Size: _____

Pants/Shorts Size: _____

Guidance Counselor:

I verify that the above named applicant is a student in good standing, with a grade average equal to or greater than a "C." I hereby recommend this applicant for admission to the Junior Police Academy.

Signature of Guidance Counselor

I certify that all information supplied on this Application for Membership and all other documents submitted in relation to the Park Ridge Police Department Junior Police Academy is true and correct to the best of my knowledge. I have had the opportunity to review the Criteria for Selection as well as the Code of Conduct and hereby attest that I conform to all associated Criteria for Selection and agree to abide by the Code of Conduct. I further attest to the fact that each and every section of this application has been completed.

Signature of Applicant

Signature of Parent/Guardian





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WAIVER OF LIABILITY, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I, the undersigned parent/guardian of _____, residing at _____, do hereby give my son/daughter permission to attend the Park Ridge 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, Borough of Park Ridge Police Department, The Borough of Park Ridge, and all instructors and participants of 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 also acknowledge that my son/daughter has no limiting medical conditions and is fully capable of participating in the program. This hold harmless agreement is a testimony to my understanding of the above evidenced by my signature.

I realize that course material in the Junior Police Academy program will focus on different facets of Law Enforcement. Due to the broad nature of this field, I authorize the Park Ridge Junior Police Academy instructors to select course topics at their discretion.

By signing this agreement, I also give the Park Ridge Police Department permission to take class photos/videos and have the same printed/published in the media of choice.

Signed this _____ day of _____, 20____.

Name of Parent (Please Print)

Signature of Parent

Name of Applicant (Please Print)

Signature of Applicant

Please attach separate sheet with any allergy / medical / medication information that may apply while your child is in our care.

