

# *Bergen County Sheriff's Office*



## Law Enforcement Youth Leadership Academy Application

*Name:* \_\_\_\_\_

# YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY



The Bergen County Sheriff's Office is pleased to announce that applications are being accepted for the Youth Law Enforcement Leadership Academy.

This Academy is offered to qualified young men and women of Bergen County between 12-19 years of age. There is a onetime non-refundable application fee of \$50.00, and \$20.00 for each additional year. The length of the program would be continual until graduation from high school.

The Youth Law Enforcement Leadership Academy is designed to attract and cultivate young adults into the field of law enforcement or similar civic related employment. We place strong emphasis on self-respect, respect of others, teamwork and commitment to one's goals.

The Academy provides our next generation of young men and women with a behind-the-scenes look at police operations. Whether or not they join the field of law enforcement, we are helping to shape their lives and encouraging them to become more responsible, active citizens of the communities in which they live. The curriculum will offer an exciting, educational and hands-on experience.

Two primary county facilities will be used for these meetings. The Amphitheatre at the Bergen County Jail, 160 South River Street, Hackensack and The Bergen County Law and Public Safety Institute, 281 Campgaw Road, Mahwah. Any trips off sight would be made possible by utilization of County Vehicles. Also, all personnel involved would be sworn law enforcement personnel of the Bergen County Sheriff's Office with the exception of an occasional speaker/advisor that would be of similar status ie: Marine Corps personnel, Fire/Ambulance personnel, etc.

**Attire:** Each recruit will be responsible for the purchase and maintenance of one class B uniform. These uniforms are required to be worn when reporting, including graduation. It should be noted that these uniforms must be clean and presentable at all times.

During the academy recruits will have the opportunity to be promoted to Corporal, Sergeant, Lieutenant, and Captain. Upon completion of the academy, there will be an official graduation ceremony. Details will be provided. Participants and family members are invited to attend.

**Note:** At any time the program director may terminate a recruit from participating in the Academy for non-compliance with the rules as set forth in the paperwork and as given at the parent orientation or throughout the Academy. As such, each parent and participant should be well acquainted with the requirements.

Attached, please find the required application forms that **MUST BE** completed and returned to the Bergen County Justice Center, Bergen County Sheriff's Office, 10 Main Street, Hackensack, New Jersey 07601, Attn: Community Outreach Unit Lieutenant John Calabrese. If you have any questions, contact the Community Outreach Unit at 201-336-3540, or Lieutenant John Calabrese at [icalabrese@bcisd.us](mailto:icalabrese@bcisd.us). All paperwork must be completely filled out and signed where indicated or your child will not be permitted to attend.

You will be notified of your child's acceptance and the date of the Parent Orientation Meeting. A parent/guardian must attend the meeting for your child to be accepted into the Youth Law Enforcement Leadership Academy.



Office of the Bergen County Sheriff  
Bergen County Justice Center  
Hackensack, N.J. 07601  
(201) 646-2200  
[www.bcsd.us](http://www.bcsd.us)

**INSERT  
PHOTO  
HERE**

**Please Provide a Current  
Headshot Photo  
2 ½ X 2 ½**

## Bergen County Sheriff's Youth Law Enforcement Leadership Academy Application Process

Name of Applicant \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

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

**Parent/Guardian's Signature X** \_\_\_\_\_

**Applicants Signature X** \_\_\_\_\_

## MEDICAL HISTORY

PLEASE LIST ANY HEALTH LIMITATIONS OR CONDITIONS:

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### SELECT ONE

DO YOU USE ANY ILLEGAL SUBSTANCES?	YES	NO
HAVE YOU EVER BEEN TREATED FOR ALCOHOL OR SUBSTANCE ABUSE?	YES	NO
HAVE YOU EVER BEEN HELD BUT NOT CHARGED BY A POLICE AGENCY?	YES	NO
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY OFFENSE?	YES	NO
IF APPLICABLE-		
HAVE YOU EVER RECEIVED A MOTOR VEHICLE SUMMONS OTHER THAN FOR PARKING?	YES	NO
HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
OTHER THAN ABOVE, IS THERE ANY FACT OR CIRCUMSTANCE INVOLVING YOU OR YOUR BACKGROUND, THAT MAY CALL INTO QUESTION YOUR ELIGIBILITY AND/OR PARTICIPATION IN THIS YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY?	YES	NO

IT IS CLEARLY UNDERSTOOD THAT ANY FALSIFICATION OF INFORMATION WILL VOID THIS APPLICATION. NO OTHER APPLICATION WILL BE ACCEPTED. INFORMATION GIVEN HERE WILL BE VERIFIED DURING YOUR BACKGROUND INVESTIGATION.

YOUTH APPLICANT SIGNATURE x\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE x\_\_\_\_\_

## MEDICAL / PERSONAL INFORMATION

Physical Handicaps:

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Medical Problems:

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Medications:

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Diagnosed Conditions:

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Conditions:

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## FAMILY / FRIEND INFORMATION

\*\*\* Other persons that we may contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY



## MEDICATIONS

Please list below any prescribed medications that your child is required to take regularly. Please indicate below whether or not your child will be required to take or carry the medication with him/her during the Youth Law Enforcement Leadership Academy. Medication must be in original prescribed package.

Please be advised that the recruit will be afforded the opportunity to board a boat, ride a horse, and other outdoor activities. Should you wish your child not to participate in a certain activity or should your child have any special restrictions, please list below.

Name of Recruit: \_\_\_\_\_

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

Medical Condition for which medication is needed:  
\_\_\_\_\_

Dosage/Administration  
(Times per day): \_\_\_\_\_

Any Special Needs/Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

My Child Does Not Take Any Prescribed Medication (Please Check if Applicable)

# YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY

## RULES AND REGULATIONS



1. RESPECT YOURSELF AND OTHERS.
2. RAISE YOUR HAND IF YOU WANT TO SPEAK.
3. WHEN YOU ARE ACKNOWLEDGED YOU WILL RESPOND WITH "YES, SIR, NO SIR, YES MA'AM, NO MA'AM."
4. PAY ATTENTION TO THE SPEAKER.
5. CLASSROOM/CLASS TRIP DISRUPTION WILL NOT BE TOLERATED.
6. ALL PARTICIPANTS WILL FOLLOW DIRECTIONS OF ALL LAW ENFORCEMENT OFFICERS OR CIVILIAN INSTRUCTORS.
7. DO NOT LITTER.
8. NO FOUL LANGUAGE.
9. NO "HORSE-PLAY" ALLOWED.
10. ACADEMY UNIFORM MUST BE WORN WHEN REPORTING, INCLUDING GRADUATION CEREMONY.  
NOTE: UNIFORM MUST BE CLEAN AND PRESENTABLE!
11. STAY WITH YOUR GROUP ON FIELD TRIPS.
12. VIDEO GAMES, IPOD'S, ETC..., ARE NOT ALLOWED.
13. PLENTY OF SUNSCREEN!
14. NO SMOKING!
15. NO SAGGING PANTS, SHIRTS MUST BE TUCKED IN.
16. NO MAKE UP.
17. NO JEWELRY.
18. HAIR MUST BE WORN UP.
19. YOU ARE EXPECTED TO CONDUCT YOURSELF AS A LADY OR GENTLEMAN AT ALL TIMES.
20. A GUARDIAN FORM IS REQUIRED IF YOU ARE WALKING HOME OR IF SOMEONE OTHER THAN YOUR GUARDIAN IS PICKING YOU UP AT THE END OF THE DAY.

# YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY



THE UNDERSIGNED \_\_\_\_\_, HEREBY GIVES PERMISSION  
PRINT PARENT/GUARDIAN NAME

AND AUTHORIZATION FOR MY SON/DAUGHTER \_\_\_\_\_  
PRINT NAME OF CHILD

THE UNDERSIGNED HEREBY **RELEASES AND DISCHARGES** THE COUNTY OF BERGEN, INCLUDING THE OFFICE OF THE BERGEN COUNTY SHERIFF, AND THEIR AGENTS AND EMPLOYEES THEREOF, **FROM ALL LIABILITY CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE**, WHICH MAY RESULT, OR OCCUR AS A RESULT, OF PARTICIPATION IN THIS PROGRAM AND IN ANY CAPACITY OR FUNCTION AS A YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY PARTICIPANT.

THE UNDERSIGNED FURTHER AGREES TO HAVE THEIR CHILD OBEY DIRECTIVES OF YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY INSTRUCTORS, LAW ENFORCEMENT OFFICERS OR THEIR DESIGNEES WHILE ACCOMPANYING SAID OFFICER. ADDITIONALLY, PARTICIPATION IN THE PROGRAM CAN BE RESCINDED AT ANY TIME DURING THE COURSE OF THE ACADEMY WITHOUT CAUSE AND IS IN THE SOLE AND ABSOLUTE DISCRETION OF THE INSTRUCTORS.

I HEREBY ATTEST TO HAVING READ THIS DOCUMENT AND ACKNOWLEDGE THE UNDERSTANDING THEREOF.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATE \_\_\_\_\_



**PARENTAL/GUARDIAN  
WAIVER AND CONSENT**

Name of Recruit \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Telephone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

As the parent/legal guardian of the participating intern named above, I hereby give my full consent and approval for the participation of my son/daughter/dependent to participate in the above-described academy.

I understand that there are certain risks of injury inherent in this activity, as well as in traveling and other related activities incidental to my child/dependent's participation, and I am willing to assume these risks on behalf of my child/dependent. I hereby certify that my child/dependent is fully capable of participating in the designated academy and that my child/dependent is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this academy, except as listed below.

In addition to giving my full consent for my, or my child's/dependent's participation, I do hereby waive, release and hold harmless **The Bergen County Sheriff's Office, The County of Bergen**, its officers, volunteers and representatives for any injury that may be suffered by me, or my child/dependent, in the normal course of participation in the designated academy and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

**DATE** \_\_\_\_\_

**RECRUIT  
WAIVER AND CONSENT**

Name of Recruit \_\_\_\_\_

Address \_\_\_\_\_

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

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

I hereby give my full consent and approval for my participation in this program with the County of Bergen.

I understand that there are certain risks of injury in my academy duties, as well as in traveling and other related activities related to the academy, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in this academy, healthy and have no physical or mental disabilities or infirmities that would restrict full participation in this academy, except as listed below.

In addition to giving my full consent for my participation, I do hereby waive, release and hold harmless The County of Bergen, its officials, employees, officers, supervisors, volunteers, and representatives for any injury that may be suffered by me in the normal course of participation in this academy and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

**DATE** \_\_\_\_\_

# YOUTH LAW ENFORCEMENT LEADERSHIP ACADEMY



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I, \_\_\_\_\_, the undersigned hereby grant to the County of Bergen, The Bergen County Sheriff's Office, and their employees, agents, successors, and representatives, permission to make, record, and edit audio, still, video or motion pictures of my child.

My child's name, voice, likeness, picture, and biographical data, may be recorded, reproduced, and/ or distributed to publicize, promote, and advertise the County of Bergen, and the Bergen County Sheriff's Office.

My child's name, voice, likeness, picture, and biographical data, may be used and distributed for educational and instructional purposes by the County of Bergen, the Bergen County Sheriff's Office, and their employees, agents, successors, and representatives.

**Child's Name:** \_\_\_\_\_

X \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

DATE \_\_\_\_\_

X \_\_\_\_\_  
**COUNTY OF BERGEN REPRESENTATIVE**

DATE \_\_\_\_\_

**MAIL COMPLETED FORM TO:**

OFFICE OF THE BERGEN COUNTY SHERIFF  
COMMUNITY OUTREACH UNIT  
BERGEN COUNTY JUSTICE CENTER  
HACKENSACK, NJ 07601

DATE RECEIVED \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_

RECOMMENDATION \_\_\_\_\_

ADVISOR'S APPROVAL \_\_\_\_\_