



PORT JERVIS CITY POLICE DEPARTMENT

Serving with Courage, Vision and Integrity Since 1853

20 Hammond Street
Port Jervis, New York 12771

T: 845-856-5101

F: 845-858-4078

E: pjpolice@citlink.net

www.portjervispolice.com

WILLIAM J. WORDEN
Chief of Police

JOHN FITZPATRICK
Lieutenant

WILLIAM VANINWEGEN
Lieutenant

JUNIOR POLICE ACADEMY City of Port Jervis Police Department Juvenile Aid Division (845) 858-4073 6th, 7th, 8th Grades

The City of Port Jervis Police Department will be hosting our second Junior Police Academy from July 9th, 2018 through July 18th, 2018 with supervised community service projects, hiking and a river rafting trip with the National Park Service to promote team work and enjoyment of beautiful nature and water safety! The location of the program will be operated at the Port Jervis Middle School Campus located at 118 East Main Street in the City of Port Jervis. Enrollment for the academy will be restricted to 30 recruits per session and selected by the Port Jervis Police Department Juvenile Aid Bureau.

Applications will be available beginning on April 1, 2018. The application may be picked up at the City of Port Jervis Police Department, the Port Jervis City Recreation Office, Anna S. Kuhl School, Port Jervis Middle School or you can download it from the City of Port Jervis Police Department's website. Applications will be turned into the Port Jervis City Police Department no later than May 30, 2018 at 4:30pm. All returned applications and attached waivers/releases should be filled out completely. Any application that is not filled out completely or as instructed may be subject to disqualification. *No application will be accepted after May 30, 2018 at 4:30pm.* We expect to have a large number of applications turned in for each session. There will be a selection process based on information contained in the application. Applicants will be notified via phone on by June 30th for acceptance into the program.

Our objective is a week of education and fun through a Police Academy Format. The week will include various presentations, hands-on practices and physical training to give recruits an idea of what is involved in being a police officer and leader in their community. Presentations will include crime scene procedures, K-9 capabilities, crime prevention, police officer responsibility at fire scenes, community policing and collaboration, narcotics safety and reporting and much more!

The schedule is from 8:00am until 3:00pm daily. The recruits are to be dropped off no later than 7:50am on each day. Transportation to and from the academy is the responsibility of the recruit's parent/guardian. Recruits are **required** to attend the entire session in order to participate in the culmination ceremony and to receive a certificate of completion at the conclusion of the session. Please be prompt when dropping off and picking up your children. Please ensure to label all items which the recruits will be bringing with them to camp. Recruits are required to bring their own labeled water bottle and must wear sneakers to the academy. Lunch will be provided to the recruits.

We are hopeful that the interaction that will take place between your child and the members of our department will have a positive effect on all involved. As police officers, we thoroughly enjoy participating in the program and look forward to working with your children.



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APPLICATION

Please fill out the following requested information completely. Please print all answers clearly. Any false, incomplete or illegible information may exclude the applicant from participating in this program.

Student's Name			
Address			
Phone Number			
Date of Birth			
Height and Weight			
Tee Shirt Sizes (youth sizes)	Small	Medium	Large
Tee Shirt Sizes (adult sizes)	Small	Medium	Large
Shorts Sizes (youth sizes)	Small	Medium	Large
Shorts Sizes (adult sizes)	Small	Medium	Large
Parent/Guardian Name			
Parent/Guardian Phone	Home:	Work:	Cell:
Emergency Contact: Name			
Emergency Contact Telephone #			
Relationship to Child			

Briefly describe your reason for wanting to participate in the Juvenile Police Academy:



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CODE OF CONDUCT

1. Recruits will refrain from physical and verbal violence toward other recruits and academy staff.
2. Recruits will act in a professional manner at all times and follow directions from academy staff.
3. Recruits will wear the provided academy tee shirt and sneakers for class each day.
4. Recruits will follow all rules and regulations as directed by academy staff.
5. Recruits will refrain from bullying, teasing, or harassing other recruits.
6. Recruits will arrive promptly each morning of the academy.
7. Recruits will not be allowed to bring cell phones, iPods, MP3 players, video games, or other electronic gaming or music devices to the academy.
8. Recruits will not be allowed to take pictures of other recruits or academy staff during the academy.
9. Any illness or injury suffered by the recruit should immediately be brought to the attention of academy staff.
10. Any act or threat of physical violence towards another recruit or staff member will result in the recruit's immediate removal from the program.
- 11. Recruits who violate any of the Academy Rules will be expelled from the program.**

Parent/Guardian to Complete

I _____ have reviewed the Code of Conduct with my child and he/she understands and agrees to abide by the rules outlined above. It is understood that any violation of these rules will result in removal from the program. I understand that **NO refund will be provided after the equipment and supplies for the Academy have been ordered.** I also understand that **NO refund if applicable** will be provided if my child is expelled from the program for a violation of the academy Code of Conduct or if my child quits the program.

Parent/Guardian: _____

Signature: _____ Date: _____



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The undersigned parent/guardian, understanding all activities and requirements, requests the opportunity and privilege of having my child participate in the City of Port Jervis Police Department Junior Police Academy. The undersigned agrees to have their child obey any and all directives or orders of any member of the City of Port Jervis while he/she is engaged in any and all activities relating to the Junior Police Academy.

I further acknowledge that the privilege of participating in this program may be rescinded at any time during the course of the Junior Police Academy as a result of improper behavior or other factors that may be detrimental to the safety or well-being of any other participants or instructors, and the decision to rescind this privilege is in the sole and absolute discretion of the police officers involved.

Furthermore, I have received and reviewed the Code of Conduct page of this application with my child and agree to abide by those instructions and rules.

The undersigned understands that the Junior Police Academy generates interest from news media, both print, Internet and television, and authorizes the release of my child's image for use in any news or media story relating to the Junior Police Academy. I also authorize the release of my child's image and/or name for use in any and all presentations or other media to be used for or by the City of Port Jervis.

Parent/Guardian: _____

Signature: _____ Date: _____



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Port Jervis Police Department Junior Academy

Dear Junior Police Academy Participant,

Please return the "**Medical Information**" form at the bottom of this notice when you turn in your completed Junior Police Academy application. **REGISTRATION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEDICAL FORM.** A new Medical Form must be filled out each year. The Junior Police Academy begins at **8:00 a.m.** and ends at **3:00 p.m.** Please make necessary arrangements to depart at 3:00 p.m. Although we hope to have no use for it, secondary accident insurance is provided.

PLEASE RETURN with CAMP APPLICATION TO: Port Jervis City Police Department – Juvenile Aid Bureau 20 Hammond St, Port Jervis NY 12771.

MEDICAL INFORMATION

NAME _____ AGE _____ BIRTHDATE _____
ADDRESS _____ ZIP _____
PHONE# {home} _____ {work} _____ {cell} _____

Current Confidential Medical History – Please write just the **MOST RECENT DATES** on the below lines.

PLEASE provide a valid copy of child's **Birth Certificate**.

IMMUNIZATION AGAINST	DATE IMMUNIZED	IMMUNIZATION AGAINST	DATE IMMUNIZED
Varicella(Chicken Pox)		Measles/Mumps/Rubella MMR	
Haemophilus Influenza Type B		Poliomyelitis(OPV)	
Diphtheria/Tetanus (DTP)		Hepatitis B	

OTHER MEDICAL INFORMATION, RESTRICTIONS, MEDICATIONS (ALLERGIES, BEE STING, ASTHMA, ETC.):

NAME, ADDRESS, & PHONE NUMBER OF RESPONSIBLE PERSON TO CONTACT IN CASE OF EMERGENCY

1. _____
2. _____

PARENT or GUARDIAN'S CERTIFICATION: I certify that the applicant named above is in good health and has my permission to participate in the **2018 PORT JERVIS POLICE DEPARTMENT JUNIOR POLICE ACADEMY** & be trans-ported by City of Port Jervis vehicles and or buses, and Quality Bus Services to program locations as needed.



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Signed: _____
Parent/Guardian

Date: _____