

Junior Police Academy



Sponsor By:
Hawthorne Police Department
Boys & Girls Club of Hawthorne
Hawthorne Board of Education
Hawthorne Municipal Alliance

This program is designed to introduce students to law enforcement. The class instructors will include members of the Hawthorne Police Department and other Police Agencies. Open to Hawthorne residents, Hawthorne School Attendees and Boys & Girls Club of Hawthorne members who attend grades six through eight.

Academy begins March 14, 2016

Seven Session Course ending May 5, 2016

Monday's Meetings (4) will be held at

Lincoln Middle School 230 Hawthorne Ave.

Saturday's Meetings (2) will be held at Various Locations

Refer to the Course Dates & Times below

Students will receive further information during the first class

Applications are available on the Borough of Hawthorne Website www.hawthornenj.org

Hawthorne Police Headquarters 445 Lafayette Ave. 973-427-1800

or at The Boys & Girls Club of Hawthorne 150 Maitland Ave. 973-427-7777

Applications are to be returned to Hawthorne Police Headquarters or to The Boys & Girls Club of Hawthorne no later than March 11, 2016.

Applicants are required to attend a majority of the classes. Please attend our first class on March 14, 2016 at 7:00pm inside the Cafeteria of Lincoln Middle School.

Course Dates & Times

March 14, 2016 @ 7pm L.M.S.

April 11, 2016 @ 3pm L.M.S.

April 25, 2016 @ 7pm L.M.S.

May 5, 2016 @ 7pm B & G Club

March 28, 2016 @ 7pm L.M.S.

April 16, 2016 @ 9am Kohler Parking Lot

April 30, 2016 @ 9am Police Range

For further information please contact Detective Nicholas Tafuri at 973-427-8300, ntafuri@hawthornepdnj.org or Officer Nicholas Robert at 973-427-1800, nrobert@hawthornepdnj.org. Keep this page for your records, please return the remaining application.

Junior Police Academy Application



Dear Applicant:

Thank you for your interest in the Junior Police Academy. It is our desire to reach out to young people like you and inspire good citizenship through criminal justice education. Because the program demands the very best from its participants, students must meet the following qualifications.

- 1: Students must be in grades 6 through 8 and maintain at least a “C” average.
- 2: Students must not have been arrested or referred to the Juvenile Conference Committee.
- 3: Students must not be involved with substance abuse; smoking, alcohol or drugs.
- 4: Parents/guardian must complete a “Release Of Liability Form,” signed by parent/guardian.
- 5: Students must sign the Student Behavioral Contract.
- 6: **A student, who feels they do not meet the qualifications, can ask for a waiver.** To ask for a waiver contact Detective Nicholas Tafuri at 973-427-8300 or Officer Nicholas Robert at 973-427-1800.

All pages of this application must be completed and signed by the appropriate person(s), and returned to Hawthorne Police Headquarters 445 Lafayette Ave. Hawthorne, NJ 07506, or The Boys & Girls Club of Hawthorne 150 Maitland Ave. Hawthorne, NJ 07506 no later than March 11, 2016. All applicants are required to attend a majority of the classes. If you have any questions please contact Detective Nicholas Tafuri at 973-427-8300, ntafuri@hawthornepdnj.org or Officer Nicholas Robert at 973-427-1800, nrobert@hawthornepdnj.org.

APPLICATION FOR ENTRANCE TO JUNIOR POLICE ACADEMY:

NAME _____ AGE _____ GRADE _____

ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

Junior Police Academy

Hold Harmless Agreement



I, the undersigned parent/guardian of _____, residing at _____,
Child's Name (Print)

Address

do hereby give my son/daughter permission to attend the Hawthorne Police Department / Boys And Girls Club's 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, Hawthorne Police Department, Boys & Girls Club of Hawthorne, Hawthorne Board Of Education, Hawthorne Municipal Alliance, Borough Of Hawthorne, and all instructors and participants in this program as well as all other(s) 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 _____ has no limiting medical conditions
and is capable of participating in the program. _____
Child's Name (Print) Parent/Guardian Signature

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

EMERGENCY INFORMATION

Please provide emergency **Name, Address, Phone Number and E-Mail Address** below in the event we need to get in contact with you immediately. Please provide at least two contacts. **Print or Type Clearly.**

Junior Police Academy



Student Code of Conduct

Code of Conduct

1. There will be no use and or possession of tobacco products or drugs. Any student found to be in violation of this code will be immediately dismissed.
2. Students are required to arrive on time.
3. Students are expected to adhere to academy rules and regulations.
4. Students are required to obey all orders of academy instructors and are not to leave the classroom without the express permission of the instructor.
5. Should a student become ill or injured he/she is to report immediately to the instructor.
6. Use of obscene, vulgar or profane language will not be tolerated.
7. Students will conduct themselves in a professional manner at all times.

Dress Code

This academy has been developed to give each student the best possible learning experience. Therefore it is necessary that students present themselves in a neat and well-groomed manner. The Junior Police Academy will provide an Academy T-Shirt that should be worn to the academy classes.

Student Behavioral Contract

The purpose of this contract is to inform the above named student that he/she must comply with all provisions of the Junior Police Academy and to the specific terms set forth in this contract. The student understands that due to the nature of this academy there will be zero tolerance rules in effect. Undesirable conduct such as horseplay or a violation of the student code of conduct will result in immediate removal of the student from the academy. This contract is in affect for the safety of all students and the maintenance of discipline and order. This contract represents an agreement by the students that he/she received a copy of the Code of Conduct and the student agrees to adhere to this Code of Conduct at all times, at home, in school and in the academy.

Student Signature _____ Date _____

PASSAIC COUNTY SHERIFF'S OFFICE

Sheriff Richard H. Berdnik

Undersheriff Joseph C. Dennis
Undersheriff Mario Recinos
Undersheriff Leonard Lovely



Warden Michael Tolerico, CPM, CJM
Chief William McCrary
Chief Serafino Caporuscio

REALITY CHECK WAIVER

I, _____, am the parent and/or legal guardian of _____, minor, and agree that the Passaic County Sheriff's Office Community Policing Division is organizing a trip for the purpose of a "REALITY CHECK", which will take place on April 11, 2016 at 4:00pm am/pm (circle one)

My child _____ has my permission to attend this Reality Check Program, which involves a tour of the Passaic County Jail and an open forum discussion with a select inmate panel. I also give permission for my child to participate in all of the related activities.

I understand that the Passaic County Jail is a secure and fully operational correctional facility. By signing and submitting this Application/Waiver, I am requesting for my child, a tour of the Jail and participation in this Reality Check Program. Further, I understand and acknowledge that by participating in this Reality Check Program, my child may be subject to risks which include, but are not limited to the following: assault by prisoners, exposure to offensive or obscene language or behavior, and wet or slippery floors. As such, I hereby waive any and all claims that may arise as a result of my child's participation in this program.

I hereby assume all risks and dangers and all responsibility for any losses, bodily injury and/or other damages that may arise out of my child's participation in this Reality Check Program, whether caused in whole or in part by the negligence or other conduct of the agents, officers or employees of the County of Passaic, the Passaic County Sheriff's Office, or by any other person.

Furthermore, I hereby voluntarily agree to waive any and all claims I may have against the County of Passaic, the Passaic County Sheriff's Office, or its employees, that may arise out of, or relate to my child's tour of the Jail and participation in this Reality Check Program.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, I AGREE TO THE ABOVE TERMS. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE COUNTY OF PASSAIC, AND THE PASSAIC COUNTY SHERIFF'S DEPARTMENT, INCLUDING ITS OFFICERS, AGENTS AND OTHER EMPLOYEES, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR ANY OTHER DAMAGES CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE WHICH MAY ARISE DURING OR AFTER MY CHILD'S PARTICIPATION OF THE ABOVE MENTIONED PROGRAM. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT THE AFOREMENTIONED ENTITIES DO NOT NEGOTIATE WITH HOSTILES FOR HOSTAGES, OR FOR ANY OTHER REASONS.

Parent Name (Please Print)

Parent Signature

SERVE WITH COMPASSION — PROTECT WITH COURAGE

Boys & Girls Club of Hawthorne
Youth Membership Application

Membership # _____
Date _____
Receipt # _____
Staff Initials _____

Membership in the Boys & Girls Club of Hawthorne,
is required for participation in club programs. All memberships expire in August.

Member's name _____, Telephone _____

Address _____, City _____, St _____, Zip _____

Male _____, Female, _____, D/O/B _____, Age _____

Father's name _____, Mother's name _____

Employer _____, Employer _____

Occupation _____, Occupation _____

Work phone _____, Work phone _____

Pager / cell phone _____, Pager / cell phone _____

List sisters and brothers that are member's _____

School child attends _____, Grade _____

Emergency contact _____, Phone _____, Relationship _____

Emergency contact _____, Phone _____, Relationship _____

Has either parent been a member of the Boys & Girls Club? Yes ___ No ___

Ethnicity of member: ___ African American ___ Asian ___ Caucasian ___ Hispanic ___

Other (please specify) _____

Family income:

() Below \$5,000 () \$10,000 - \$14,999 () \$25,000 - \$34,999 () \$50,000 - \$64,999

() \$5,001 - \$9,999 () \$15,000 - \$2,999 () \$35,000 - \$49,999 () \$65,000 +

Medical problems we should be aware of (explain) _____
(See staff if disbursement of medication is required)

Any physical disabilities? (explain) _____

Doctor's name _____

Permission to Participate in Club Activities

I _____ do hereby give my son/daughter _____

Permission to attend and/or participate in programs sponsored by the Boys & Girls Club of Hawthorne.

I understand that my child's membership at the BGC of Hawthorne is a privilege and may be revoked at any time. I understand the BGC of Hawthorne has an open door policy which allows members to come and go at their own choice. It is the responsibility of me, the parent/guardian, to instruct my child as to when and with whom he/she will leave the club. I understand there is no medical insurance available or provided by the BGC of Hawthorne. The BGC of Hawthorne assumes no responsibility or liability for any kind of participation in any activity conducted at or by the BGC of Hawthorne. I hereby authorize medical examination and treatment of my son/daughter by a qualified, licensed physician in any event of an accident after all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use by you or anyone authorized by you my children photographs or any reproduction of them for editorial illustration advertising or non-profit promotional purposes. I have read and agree with the above and represent to hold harmless the BGC of Hawthorne from any liability in consideration of participation or attendance at the BGC of Hawthorne's facilities for myself and child.

Parent/Guardian Signature _____, Date _____