

# WILLINGBORO POLICE DEPARTMENT

MUNICIPAL COMPLEX

1 Rev. Dr. Martin Luther King Jr. Drive, Willingboro, NJ 08046



*Captain Ian Bucs*  
*Acting Director of Public Safety*

Phone: (609) 877-3001  
Fax: (609) 835-0938

## REGISTRATION FORM

Instructions: Read every question carefully. Answer every question, leave no question unanswered. If a question is not applicable, please put N/A for the answer. An applicant who intentionally makes a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application will be rejected.

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Adult T-shirt  M  L  XL  XXL

Parent's Name: \_\_\_\_\_

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

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

(if different) \_\_\_\_\_

Emergency contact if parents cannot be reached (Name, Address, Phone) \_\_\_\_\_

Physician's name, address, and number: \_\_\_\_\_

Child's Health Insurance Carrier: \_\_\_\_\_

I certify that I am the parent/legal guardian of the aforementioned child, who has my permission to participate in the Willingboro Youth Police Academy. In the event of illness or accident in the course of this program, I request that measures be instituted without delay as the judgment of medical personnel dictate. I am also aware that during the course of these events video recorders and cameras will be present and such photos and/or recordings will be used for training and/or public awareness purposes. I give permission for the image of my child to be use for the above stated purposes.

\_\_\_\_\_  
Date

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

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## YOUTH POLICE ACADEMY APPLICATION FORM

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City Zip

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Current School: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Sibling(s) Name(s) and Date of Birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested, charged or convicted of any crime or offense other than minor traffic offenses? If yes, please explain in detail and include what action was taken against you:

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Name, address and phone numbers for two adult character references who are not related to you:

1. 

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2. 

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All applications are subject to a background investigation inclusive of criminal history, police contacts, school discipline, attendance, and personal references. The Willingboro Police Department reserves the right to determine an applicant's participation in the Youth Police Academy.

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APPLICANT SIGNATURE

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DATE

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PARENT/GUARDIAN SIGNATURE

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DATE

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## WILLINGBORO YOUTH POLICE ACADEMY LIABILITY WAIVER FORM

I, \_\_\_\_\_, the undersigned, being the lawful parent or  
PRINT PARENT/GUARDIAN NAME

guardian of \_\_\_\_\_, hereby give permission and  
PRINT NAME OF CHILD

authorization for my son /daughter to participate in the Willingboro Police Department Youth Police Academy and all of the activities therein. Permission is granted to have my son/daughter transported to and from the Kennedy Center located at 429 John F. Kennedy Way, Willingboro, NJ 08046 to participate in these activities.

I hereby release and discharge the Township of Willingboro, the Willingboro Police Department, the Willingboro Police Officers, their agents and employees thereof, from all liability claims and causes of action that I may have for personal injuries, damages or losses of any nature, which may result or occur as a result of my child's participation in this program in any capacity or function as a Willingboro Police Department Youth Police Academy participant.

I further agree to have my child obey the directives of the Willingboro Police Department Youth Police Academy Instructors, Police Officers, or their designees while participating in the program. Additionally, participation in the program can be rescinded at any time during the course of the program and is determined at the sole and absolute discretion of the Youth Police Academy Instructors.

I hereby attest to having read this document and acknowledge the understanding thereof.

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

\_\_\_\_\_  
DATE

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## WILLINGBORO YOUTH POLICE ACADEMY PHYSICAL WAIVER FORM

Physician's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

I certify that I have examined \_\_\_\_\_ and found him/her medically  
PRINT NAME OF APPLICANT

qualified to participate in a police physical fitness program. The program includes daily physical activities that include, but are not limited to, running, jumping, push-ups, sit-ups, as well as other calisthenic and cardio-vascular exercises.

I also certify that I am a licensed medical physician, physician's assistant or family nurse practitioner.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

Participation Restrictions:

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## FIREARMS TRAINING AUTHORIZATION / WAIVER OF LIABILITY

The undersigned, \_\_\_\_\_, hereby gives permission and authorization for  
PRINT PARENT/GUARDIAN NAME

my son/daughter \_\_\_\_\_ to participate in the firearms training that will be  
PRINT NAME OF CHILD

conducted as part of the Willingboro Police Department's Youth Police Academy. The undersigned understands that all live fire training will be conducted at a shooting range authorized for such activities by the Willingboro Police Department, the Burlington County Prosecutor's Office and the New Jersey Police Training Commission. The undersigned further understands that appropriate training and education will be presented to my son/daughter by Firearms Instructors certified by the Police Training Commission prior to the handling of any firearms.

All participants in the firearms training of the Youth Police Academy will adhere to all rules and regulations of the shooting range. All participants of the Youth Police Academy will also adhere to all instructions pertaining to the safe handling of firearms as well as the instructions of the Firearms Instructors and Academy Instructors present at the shooting range. I, the undersigned, therefore agree to have my child obey all directives given to him/her during their participation in this activity

I FURTHER ACKNOWLEDGE THAT ANY SAFETY VIOLATION, OR FAILURE TO COMPLY WITH INSTRUCTIONS OR DIRECTIVES ON THE PART OF MY SON/DAUGHTER, WHILE ON THE SHOOTING RANGE, NO MATTER HOW MINOR, WILL RESULT IN MY SON/DAUGHTER'S IMMEDIATE REMOVAL FROM THE SHOOTING RANGE AND DISMISSAL OF MY SON/DAUGHTER FROM THE YOUTH POLICE ACADEMY.

The undersigned hereby releases and discharges the Township of Willingboro, the Willingboro Police Department, the Willingboro Police Officers, their agents and employees thereof, from all liability claims 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 the firearms training of the Youth Police Academy.

Participation in the firearms training can be rescinded at any time during the course of the Youth Police Academy without cause and is in the sole and absolute discretion of the Police Instructors.

I hereby attest to having read this document, acknowledge the understanding thereof, and authorize my son/daughter to participate in this activity.

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PARENT/GUARDIAN SIGNATURE

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DATE