



**OCEAN GATE  
BOROUGH POLICE  
DEPARTMENT**

**Junior Police Academy  
Announcement!!**

**801 Ocean Gate Ave, Ocean Gate NJ, 08740  
Contact Number: 732-269-6931 Ext 224**

**The Ocean Gate Borough Police Department will be hosting a five (5), day long Junior Police Academy. The purpose of the Junior Police Academy is to provide young citizens with an Introduction to Law Enforcement. Our goal is to motivate young people to be outstanding citizens and empower them to act as a positive influence in our community. It will also transform the traditional police officer into a mentor and a friend, while encouraging our young citizens to be partners in building safer schools and communities.**

**Kids between the ages of 10-14 will report to Ocean Gate Elementary School located at 126 West Arverne Ave, Ocean Gate NJ 08740 for several hours a day during a five day period. During their time with our agency, the children will participate in drill and ceremony (marching), physical fitness training by our patrol officers, hands on patrol tactics training through mock scenarios and car stops. There will be multiple demonstrations from outside agencies.**

**The capacity of the program is limited to 20 participants. The selection process includes checks with family, neighbors, and schools to ensure the candidates will be a positive addition to the learning environment for other students and will not have an issue with following directions in a Paramilitary style academy experience. All uniform requirements must be followed. Failure to follow Junior Police Academy rules or instructor directions will result in the child being dismissed from the program. The Junior Police Academy strives to educate kids on what it is really like to go through a police academy. It is meant for youth who are considering a career in law enforcement.**

**Qualification / Requirements :**

- Open to Ocean Gate Residence as well as surrounding communities. Ocean Gate residence receive first preference. ✓**
- Must be 10-14 years old ✓**
- Must be recommended by a sponsor (School Principle / Guidance Counselor, Law Enforcement Agency, a Community Representative, Coach, or Religious Leader). ✓**
- Must be in good academic standing ✓**
- Must be able to participate in physical fitness activities ✓**
- Must be able to participate in a structured program ✓**
- Have No Criminal Background ✓**



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The Following information is requested of all applicant / participants in the Ocean Gate Police Department "Junior Police Academy" program. Any false or incomplete information may exclude the applicant from participating in the program.

**Child's name:** \_\_\_\_\_ Gender: M/F  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Parent / Guardian name: \_\_\_\_\_  
Parent contact number: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
(W) \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Info. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact number: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_

Does your child have any existing medical conditions that may affect them during participation in the academy? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", Please list and explain

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

**This applicant has been examined by a medical doctor and is cleared to perform all physical activities of the junior police academy.**

Dr.: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Adult T-Shirt Size: S M L XL

**I have read the attached documents pertaining to the Academy overview and expectations for my child to participate. I have discussed these with my child and he / she agrees to abide by the regulations and expectation sat all times during the academy.**

\_\_\_\_\_  
Applicant Signature

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





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**RULES AND REGULATIONS FOR PARTICIPANTS**

1. Arrive prepared for day in proper issued uniform (Hat, T-shirt, Bag, and Water Bottle)
2. Raise your hand when you want to speak.
3. Pay full attention to all instructors and guest speakers.
4. Classroom / activity disruptions will not be tolerated.
5. All participants will address instructors and speakers as “Sir” or Ma’am” as appropriate.
6. Lunch IS NOT provided. Participants MUST bring a lunch each day (storage provided).
7. FOUL or INAPPROPRIATE language is not permitted.
8. There will be NO harassing of other participants. THIS IS A TEAM BUILDING EXPERIENCE.
9. There will be no fighting or physical contact unless it is supervised by the instructors for purposes of demonstrating police tactics with participants or conducting drills.
10. Cell Phones are permitted but will be kept off and with personal belongings (issued bag) and used only in emergencies unless otherwise advised by instructors.
11. NO JEWELRY! This includes: rings, earrings, necklaces, bracelets etc. Watches are acceptable provided they are a sport style (approved by staff).
12. NO VIDEO GAMES, I-PODS ETC.
13. Hair must be neat and trimmed. Girls with longer hair must place it in a ponytail.
14. NO SMOKING, VAPING or Possession of said items.
15. Shirts must be tucked into shorts and or pants and sneakers must be worn.
16. A black belt (that fits) is needed for the full academy as well as graduation.

**ANY PARTICIPANT NOT ABIDING BY THESE RULES AND / OR REGULATIONS OR BECOMES A SAFETY ISSUE DUE TO NOT FOLLOWING RULES OR INSTRUCTIONS WILL IMMEDIATELY BE REMOVED FROM THE CLASS AND SENT HOME. ANY RETURN TO THE PROGRAM WILL BE AT THE DISCRETION OF STAFF.**

\_\_\_\_\_ / \_\_\_\_\_

**Signature of Parent / Guardian**

**(Child)**

**Signature of Participant**



OCEAN GATE BOROUGH POLICE DEPARTMENT

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Parent / Guardian Consent Form

I, \_\_\_\_\_ (Parent / Guardian) of:  
Applicant / Child: \_\_\_\_\_, and residing  
at: \_\_\_\_\_ (address).

WILL ( ) **WILL NOT** ( ) BE PICKING UP MY SON / DAUGHTER AT THE  
END OF THE DAY FROM THE OCEAN GATE JUNIOR POLICE ACADEMY.

MY SON / DAUGHTER IS ( ) **IS NOT** ( ) PERMITTED TO WALK HOME AT  
THE END OF EACH DAY BY THEMSELVES.

IN THE EVENT THAT SOMEONE OTHER THAN THE LEGAL PARENT /  
GUARDIAN WILL BE PICKING UP YOUR CHILD, PLEASE PROVIDE THE NAME  
AND CONTACT INFORMATION BELOW:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

CONTACT NUMBERS: (H) \_\_\_\_\_

(C) \_\_\_\_\_ (W) \_\_\_\_\_



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**Release and Hold Harmless Agreement**

The undersigned (parent / guardian), has requested that their son / daughter have the opportunity to participate in the Ocean Gate Police Junior Academy.

In consideration of granting said request, the undersigned hereby, RELEASES AND FOREVER DISCHARGES the BOROUGH OF OCEAN GATE, all agents and employees thereof, FROM ALL CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES or LOSSES OF ANY NATURE WHATSOEVER, which may result or occur at anytime the child of the undersigned is participating in the functions of the junior police academy.

The undersigned further agrees to have their child follow all rules and directions of any staff member during participation in the program for the safety of their child and further understands that participation in the program can be revoked by staff.

In the event that a field trip is conducted with the students, the undersigned agrees and permits their child /participant to be transported under the supervision of the Ocean Gate Police Department staff.

The undersigned parent / guardian have read and understand the above and by signing below are in agreement with said terms.

\_\_\_\_\_  
Parent name (Print)

\_\_\_\_\_  
Parent name (signature)





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DEPARTMENT



**Junior Police Academy**  
**Academy Recruit Media Consent and Release**  
**Form**

Throughout the Junior Police Academy, Cadets may be highlighted in efforts to promote Jr. Police Academy activities and achievements. For example, Cadets may be featured in materials to train other Cadets and/or increase public awareness of our program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. I, as the parent or guardian of \_\_\_\_\_, hereby give Ocean Gate Police Department and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a) This is with the understanding that neither Ocean Gate Police Department nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b) I further release and relieve Ocean Gate Police Department, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions. Please understand that failure to return this release form with the Junior Police Academy application, will constitute approval of the above requests.

**Please Print**

Name of child \_\_\_\_\_

Address \_\_\_\_\_

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

**Signature** of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

**Phone Number** \_\_\_\_\_