

# The South Bound Brook Police Citizens Academy Application



The objective of the South Bound Brook Police Citizens Academy is to foster a greater understanding of the role of law enforcement officers in the community through frank discussion and education. The South Bound Brook Police Citizens Academy engages in weekly lessons and demonstrations to show citizens, business owners, religious and community leaders an inside look at the South Bound Brook Police Department and the profession of law enforcement. Classes meet in the evenings approximately one night a week for two hours. Recruits will not only learn about law enforcement but will also have the opportunity to express their questions, opinions and concerns. The better we know our community, the better we can protect and serve them. If interested, please continue by reading eligibility procedures.

Thank you.

**The South Bound Brook Police  
Citizens Academy Applications  
Monday Nights October thru November  
7:00pm – 9:00pm**



**Applications are due no later than  
August 31<sup>st</sup>**

**NO EXCEPTIONS**



## **Academy Application Eligibility Form**

Potential Police Citizens Academy Recruits,

Thank you for your interest in the South Bound Brook Police Department's 2021 Citizens Academy. In order to be accepted into the program, you must meet certain standards and requirements.

Applicant:

1. Must be a resident, business owner, or community leader of South Bound Brook and be at least 21 years of age to participate.
2. Must be willing and able to attend all classes. Classes will meet Monday nights, 7:00pm - 9:00pm.
3. Applicant must be of good character and of good repute in the community in which he or she lives.
4. Can never be convicted of a crime of the first, second, third, or fourth degree in this state, or the equivalent in another state or jurisdiction, that has not been expunged or sealed.
5. Must not be a drug dependent person.
6. Cannot suffer from a physical defect or disease that would make it unsafe for him or her to handle physical activities within the program.
7. Can never have been confined for a mental disorder.
8. Cannot be an alcoholic.
9. Must not knowingly falsify any information on the application form or any other required document.

**PLEASE CONFIRM THAT YOU UNDERSTAND AND MEET THE ABOVE CRITERIA.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



South Bound Brook Police Department

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M or F: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Shirt Size (Adult): S      M      L      XL      XXL



South Bound Brook Police Department

## **Potential Liability Form**

The undersigned does hereby understand and agree that the South Bound Brook Police Citizens Academy is not intended to provide civilians with law enforcement training, but is intended to help increase the awareness and appreciation of law enforcement and the South Bound Brook Police Department.

The undersigned does further understand and agree that all reasonable precautions have been built into the course and that safety of the participants is the department's primary concern. That said, participants may engage in physical activities during various scenarios and lessons. Therefore, the undersigned agrees to hold the Borough of South Bound Brook, the South Bound Brook Police Department and all the instructors of this academy, blameless and harmless for an unforeseen injury that may occur.

The South Bound Brook Police Department reserves the right to reject an application based on its background investigation of the recruit. Note: A potential recruits background may be investigated to determine eligibility into the program. Any applicant who provides misleading or false information will be subject to disqualification.

Print Name of Academy Participant: \_\_\_\_\_

Please list any medical conditions that may preclude yourself from participating in academy events:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



South Bound Brook Police Department

**ACADEMY MEDICAL EMERGENCY RELEASE**

NAME OF PARTICIPANT: \_\_\_\_\_

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

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLEASE LIST ANY SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESSES OR OTHER MEDICAL CONDITIONS THE STAFF SHOULD BE AWARE OF:

---

---

OTHER CONTACT IN CASE OF EMERGENCY:

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

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

South Bound Brook Police Department  
12 Main Street,  
So. Bound Brook, NJ 08880



South Bound Brook Police Department

## **Publicity Acknowledgement Form**

Participation in the South Bound Brook Police Department's Citizens Academy may result in publicity. This program may be covered by local news media outlets; including but not limited to, TV, print and digital media. This could include photographs of yourself and/or interviews to be published. Additionally, photographs will be taken by the South Bound Brook Police Department for use in recruitment of future Police Citizens Academy programs. In the event you are photographed or interviewed by local media outlets, no personal information other than name and age will be published.

I acknowledge that during the South Bound Brook Police Department's Citizens Academy my photograph may be used in media/press releases. No personal information other than my name and age will be provided to the news sources.

I acknowledge that during the South Bound Brook Police Department's Citizens Academy my photograph may be used in future South Bound Brook Police Citizens Academy recruitment materials

I acknowledge that during the South Bound Brook Police Department's Citizens Academy I may be interviewed by news media personnel.

Recruit's Name (print): \_\_\_\_\_

Recruit's Signature: \_\_\_\_\_

Date : \_\_\_\_\_