

EWING POLICE DEPARTMENT'S CITIZENS ACADEMY

Attached is an application form for the Ewing Police Department Citizens Academy. The goal of the citizens academy is to form positive partnerships between the citizens of our community and the Police Department. The Citizens Academy is open to all Ewing residents, ages 18 and older. The Citizens Academy will be held at Ewing Police Department.

The classes will consist of three (3) weekly hours of instruction every Wednesday evening, for eight (8) weeks. The program will begin at 6:00 PM and will end at 9:00 PM.

The class dates are as follows:

Session 1	Wednesday September 25, 2019	6:00 PM - 9:00 PM
Session 2	Wednesday October 2, 2019	6:00 PM - 9:00 PM
Session 3	Wednesday October 9, 2019	6:00 PM - 9:00 PM
Session 4	Wednesday October 16, 2019	6:00 PM - 9:00 PM
Session 5	Wednesday October 23,2019	6:00 PM - 9:00 PM
Session 6	Wednesday October 30, 2019	6:00 PM - 9:00 PM
Session 7	Wednesday November 6, 2019	6:00 PM - 9:00 PM
Session 8	Wednesday November 13, 2019	6:00 PM - 9:00 PM

ALL PARTICIPANTS MUST ATTEND AT LEAST 7 CLASSES TO GRADUATE.

The class size is limited to 20 applicants. A background check will be completed on every applicant. The applicant will be subject to submit fingerprints for the background check. A waiting list will be formed with the remaining applications. It is important to complete and return your application form as soon as possible. The applications must be returned no later than Thursday, September 12, 2019. Applications are available online at www.ewingpolice.org or at the police station.

Return completed application form in person to:

Ewing Police Department Attn: Sgt. Michael Flynn 2 Jake Garzio Drive Ewing, NJ 08628

You will be notified by phone and given any additional information needed to attend the Citizens Academy. If you need any additional information, please feel free to contact Sgt. Michael Flynn of the Ewing Police Department at 609-882-1313 ext. 5678 or email at mflynn@ewingnj.org.

Sincerely, *The Academy Staff*

Ewing Police Citizens Academy Application

Applicant's Information	– Fill in the required	d information.						
First Name:	Last Name:		Sex:	Date o	f Birth: Age:		Age:	
Address:		City:	•		State:	Zip Code:		
Telephone #:		mall			EMAIL:			
Employer:		Address:		Pho	ne:			
Emergency Contact Inform	nation #1 - Fill in all the	e required inform	ation.					
Emergency Contact First				ist Name	::			
Address:		City:			State:	Zip Code	e:	
Contact Phone Number:	<u> </u>		Email:			I		
Emergency Contact Inform	nation #2 - Fill in all the	e required inform	ation.					
Emergency Contact First		·		st Name	::			
Address:		City:	State: Zip Code:			e:		
Contact Phone Number:			Email:					
		Waiver of I	Liability					
-In recognition of the privilege granted to participate in the Ewing Police Department Citizens Academy, I release the Township of Ewing, John P. Stemler III, (Chief of Police), all Township personnel, employees, officials or agents, from any liability or contribution to such liability, for any injuries sustained while engaged in this program. -It is further understood and agreed that the privilege of participating in the Ewing Police Department Citizens Academy may be revoked by the Chief of Police or his designee if I engage in any behavior, speech, writings, gestures, etc. which they deem improper or inappropriate. -I further understand that I will be performing many hands-on and physical activities, including a simulated firearms training experience. I agree to notify the academy staff of any medical or health problems I may have that might limit or exclude me from participating in these activities. PLEASE PRINT NAME: SIGNATURE: Date:								
		Photo/Video	Release					
For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any Ewing Police Department / Town of Ewing's websites, social network sites, publications, demonstration, or display of photographs and or video/film recording of The Ewing Police Department / Ewing Citizens Academy / and the Town of Ewing. The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by Ewing Police Department / Town of Ewing to ensure confidentiality, I knowingly, intentionally, and voluntarily, and for my heirs and administrators and assigns, do, generally release Ewing Police Department and the Town of Ewing, its directors, officers, agents, employees, and members from any or all liability of every nature for the use of appropriation of my name or likeness. I further waive any and all claims or causes of action or claims including, but not limited to, defamation, false- light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand and consent and effect of this release and intending to be legally bound hereby, sign.								
PLEASE PRINT NAME:		SIGNATURE:			!	Date:		
POLICE USE ONLY – Do Not Write Below								
	. 52161			20.017				
Accepted:□	Declined: REASON					Squad:		
Application #:		Class #:			(Officer:		
l				-				

Ewing Police Citizen Academy Application (continued)							
Applicant's Information – Fill in the required information.							
First Name: Last Name:	Da	ate of Birth:	Age:				
	Rules and Regulations						
All participants must be on time for each session. All participants must attend all sessions to graduate and receive a							
	certificate. If unable to attend a session, please inform an academy staff member that you will be absent. In case of an emergency absence or illness contact telephone number 882-1313 extension 7001 and leave a message for an academy						
staff member.	ephone number 602 1313 ext	chision 7001 and leave a	message for arracademy				
 All participants are required to wear their 	r identification hadge while at	tending the academy. Th	ne identification hadge				
must be worn on your outermost garme			ic racritimeation baage				
3. All participants are required to keep a ne			ny. Always take pride in				
your appearance!!!	at appearance at an innes, wi	me attending the acader	ily. Always take pridein				
 All participants are required to act respo 	nsibly while attending the aca	demy. No foul language	gestures or any other acts				
deemed improper by the staff will be tol		ac,	Bestures or arry currer acts				
 All participants will promptly obey all dir 		f, police personnel or the	eir representatives. The				
rules of the academy are for the protecti							
Applicant Name: PLEASE PRINT	Applicant Signature:		Date:				
Applicant Name: 1 EE/OE 1 Kill	Applicant Signature.		Date.				
	Recommendations						
Each applicant is required to have two	1. Recommender's Name:	Recomn	nender's Signature:				
recommendations. Acceptable			.cac. o o.gaca. c.				
recommendations can be from the	SI 1		1:				
following:	Phone Number:	Relation	ship to Applicant:				
Your current Supervisor.							
Neighbor.	2. Recommender's Name:	Recomm	nender's Signature:				
Family member or friend.							
ranni, member er mena	Phone Number:	Relation	ship to Applicant:				
	Applicant Statement						
Complete the following question. Print NEATI							
Explain why you would like to atten		ıt's Citizens Academy.					
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Applicant Name: DI EACT DRINT	Applicant Cianations	Т	Data				
Applicant Name: PLEASE PRINT	Applicant Signature:		Date:				