



Police Department
Township of West Milford
1480 UNION VALLEY ROAD
WEST MILFORD, NEW JERSEY 07480-1398
PHONE: (973) 728-2800
FAX: (973) 728-2875



SHANNON SOMMERVILLE
CHIEF OF POLICE
DIRECTOR OF PUBLIC SAFETY

WEST MILFORD TOWNSHIP POLICE DEPARTMENT JUNIOR POLICE ACADEMY 2025

APPLICATION

The West Milford Township Police Department is holding its 2nd Annual Junior Police Academy, for qualified boys and girls from grades 5th to 7th. This week-long program will be held from July 28 to August 1, 2025 at the West Milford Township High School, 67 Highlander Drive, West Milford, NJ 07480.

Our objective is a week of education and fun through a Police Academy format. The five day curriculum will include various presentations from guest law enforcement agencies, other supporting agencies, hands on practices and physical training as well as an overview of Cardiopulmonary Resuscitation (CPR). This will give the recruits an idea of what training is involved in becoming a Police Officer.

The daily schedule is from 8:30am to 2:30pm. Recruits are to be dropped off at West Milford High School no later than 8:30am. Transportation must be provided by the parents/guardians. Please be prompt when dropping off and picking up your child.

For the first 4 days each recruit must bring his/her own bagged lunch labeled with their name on it. Throughout the day, there will be breaks between blocks of instruction, snacks and drinks are recommended. On the last day, August 1, 2025, lunch will be provided.

Recruits will be required to purchase their academy uniform, physical training gear and a West Milford Junior Police Academy water bottle from a local vendor. The cost of these items will be \$110.00, paid directly to the vendor (Price subject to change).

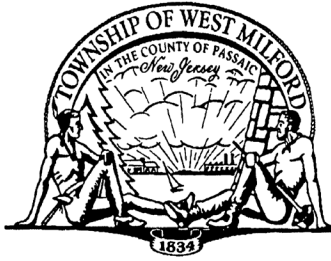
A Graduation ceremony will take place on August 1, 2025 at the West Milford Township High School at which time each recruit will receive a Certificate of completion.

Attached please find the required application forms that must be completed and returned no later than **FRIDAY, MAY 30, 2025. *Class size is limited to 30 participants only.***

Return all forms to the dispatch window at the West Milford Police Department, Attention Support Services.

Once accepted, participants will be notified via mail or email.

Sincerely,
West Milford Township Police Department



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The following information is required for all perspective participants in the West Milford Township Junior Police Academy program. Any false or incomplete information could exclude the applicant from participating in the program.

Participant's Name _____

Date of Birth ____/____/____ M/F____ Grade_____

Address _____

*****Please indicate your child's size shirts and shorts*****

Collared Shirt size: _____

T-Shirt size: _____

Shorts size: _____

Recruits MUST arrive with academy attire and wearing academy uniform each day.

Name of Parent/Guardian _____

Cell Phone # _____ Alt Phone # _____

Email _____

Emergency Contact Name _____

Cell Phone # _____ Alt Phone # _____

Briefly describe why you want to participate in the Junior Police Academy?



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AUTHORIZATION TO PARTICIPATE

The undersigned, parent/guardian, who is a resident of West Milford Township has requested the opportunity and privilege to have their child participate in the Junior Police Academy. The undersigned further agrees to have their child obey the directives of any West Milford Township Police Officer while accompanying said officer, and acknowledge that this privilege can be rescinded at any time during the course of the academy, at the discretion of the Police Officer(s) involved.

In consideration of granting said request, the undersigned hereby, release and forever discharge the township of West Milford, the township of West Milford Police Department, the agents and employees thereof, from any claims and course of action that the undersigned may have for personal injuries, damage or loss of any nature, which may result or occur to the child while participating in the functions of the Junior Police Academy.

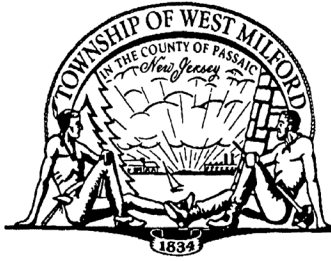
The undersigned, acknowledge receipt of the orientation materials with specific information regarding the activities and curriculum of the program. The undersigned has read this document and signs it at his/her own free will.

The undersigned also gives permission for the West Milford Township Police Department to take photographs of my juvenile child during the 2025 Junior Police Academy. The photographs may be used on the Police Department website and Facebook page, with the sole purpose of advertising the Junior Police Academy.

I hereby give permission to my child _____, age _____ to attend the West Milford Township Junior Police Academy during the week of July 28 to August 1, 2025.

Parent/Guardian's Signature

Date



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MEDICAL & PHYSICAL WAIVER

PLEASE PRINT LEGIBLY

Recruit's Name _____

The Junior Police Academy will include heavy, strenuous activities. It is highly recommended that the child undergo a physical by their pediatrician or family physician prior to the start of the academy. Any child who has a medical condition limiting their ability to participate in the academy may be required to obtain medical clearance prior to the start of the academy.

I understand that this information is given voluntarily and is a part of my child's health record, maintained by the West Milford Police Department. I also understand that this information will be kept confidential.

Does your child suffer from any medical conditions? _____ if yes, please explain.

Does your child require any medication? _____ if yes, please explain:

Any allergies or special needs that the staff of the Junior Police Academy should be aware of?

By signing this waiver, you acknowledge and agree that you understand the nature of the activities, and that your child is physically able to participate in those activities, and that you have the authority to sign on his/her behalf. You further agree and warrant that if at any time you believe your child's condition changes and becomes unsafe, you will immediately discontinue his/her further participation in the activities.



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MEDICAL & PHYSICAL WAIVER (CON'T)

Additionally, you understand that there is an inherent risk involved in your child's participation in these activities which could result in injury. These risks may be caused by the actions or inaction of your child, the actions or inactions of others participating in the activities, the conditions in which the activities take place, or the negligence of the releasee.

By allowing my child to participate in this program I fully accept and assume such risks and responsibilities for all losses, costs and damages occurred by my child as a result of his/her participation in the activities, and release, discharge and covenant not to sue the West Milford Township Police Department, its administrators, directors, agents, officers, members, volunteers and employees.

You further acknowledge that by signing this Waiver, you fully understand its terms, and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this is deemed invalid, the balance shall continue to remain in full force and effect.

Parent/Guardian's Name (print)

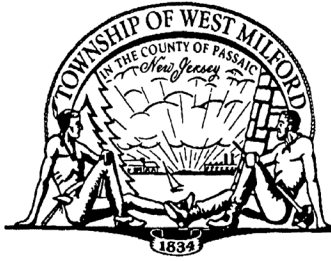
Parent/Guardian's e-mail address

Parent/Guardian's Signature

Date: _____

Upon submittal of the application you will receive a letter of decision via mail or e-mail.

Any questions please contact Support Services at 973-728-2802.



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PHYSICAL TRAINING CHECK LIST

PUSH-UPS

SIT-UPS

SQUAT THRUSTS

LEG LIFTS

JUMPING JACKS

1/2 MILE RUN/JOG

VARIOUS STRETCHES