

## EWING POLICE DEPARTMENT 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, and will be held at the 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 April 3, 2024	6:00 PM - 9:00 PM
Session 2	Wednesday April 10, 2024	6:00 PM - 9:00 PM
Session 3	Wednesday April 17, 2024	6:00 PM - 9:00 PM
Session 4	Wednesday April 24, 2024	6:00 PM - 9:00 PM
Session 5	Wednesday May 1, 2024	6:00 PM – 9:00 PM
Session 6	Wednesday May 8, 2024	6:00 PM – 9:00 PM
Session 7	Wednesday May 15, 2024	6:00 PM – 9:00 PM
Session 8	Wednesday May 22, 2024	6:00 PM – 9:00 PM

## ALL PARTICIPANTS MUST ATTEND AT LEAST 6 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 Wednesday, March 6, 2024. Applications are available online at www.ewingpolice.com or at the police station.

Return completed application form in person to:

Ewing Police Department Attn: Sgt. Caitlin Hurley 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 have any questions, please contact Sgt. Caitlin Hurley of the Ewing Police Department at 609-882-1313 ext. 7506 or email at churley@ewingnj.org.

Sincerely, The Academy Staff

## Ewing Police Department Citizens Academy Application

Applicant's Information –	Fill in the require	d inform	ation.							
First Name:	Last Name:			Sex:	Date	e of B	Birth:			Age:
Address:		Cit	y:			5	State:	Zi	p Code:	
	Felephone #:     Shirt     Adult Small     Adult Medium     EMAIL:       Size:     Adult Large     Adult XL     XXL									
Employer:		Addr	ess:		P	hone	2:			
Emergency Contact Informat	tion #1 - Fill in all the	e required	d informat	ion.						
Emergency Contact First N	ame:			La	st Na	me:				
Address:		City:					State:	:	Zip Code	2:
Contact Phone Number:			I	Email:				I		
Emergency Contact Informat	i <b>on #2</b> - Fill in all the	e required	d informat	ion.						
Emergency Contact First N	ame:			La	st Na	me:				
Address:		City:					State:	:	Zip Code	2:
Contact Phone Number:			1	Email:				·		
		Wa	iver of Lia	ability						
Academy may be revoked by which they deem improper of -I further understand training experience. I agree to me from participating in thes PLEASE PRINT NAME:	r inappropriate. that I will be perfo o notify the academ	orming m	any hand: any medic	s-on and p	hysica	l activ	vities, inclu	uding a s	simulated	l firearms
		Dhot	o/Video I	Poloaco						
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 / Ewing Township website, social network sites, publications, demonstration, or display of photographs and or video/film recording of The Ewing Police Department / Ewing Citizens Academy / and Ewing Township. 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 the Ewing Police Department / Ewing Township to ensure confidentiality, I knowingly, intentionally, and voluntarily, and for my heirs and administrators and assigns, do, generally release Ewing Police Department and Ewing Township, 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.Date:PLEASE PRINT NAME:SIGNATURE:Date:										
POLICE USE ONLY – Do Not Write Below										
Accepted:	Declined: REASON							Squad:		
							(	Officer		

Ewing Police Department Citizen Academy Application (continued) Applicant's Information – Fill in the required information.							
First Name:	Last Name:		Date of Birth:	Age:			
Rules and Regulations							
<ol> <li>All participants must be on time for each session. All participants must attend 6 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 7506 and leave a message for an academy staff member.</li> <li>All participants are required to wear their identification badge while attending the academy. The identification badge must be worn on your outermost garment at all times, for identification purposes.</li> <li>All participants are required to keep a neat appearance at all times, while attending the academy.</li> <li>All participants are required to act responsibly while attending the academy. No foul language, gestures or any other acts deemed improper by the staff will be tolerated.</li> <li>All participants will promptly obey all directions given by academy staff, police personnel or their representatives. The rules of the academy are for the protection of the participants and will be strictly enforced.</li> </ol>							
Applicant Name: PLEASE PRIN	Г	Applicant Signati	ure:	Date:			
		Recommendation	ns				
Each applicant is required to have two references. Acceptable references can be from the following:		erence Name:		Reference Signature: Relationship to Applicant:			
Your current Supervi			i i i i i i i i i i i i i i i i i i i				
<ul> <li>Neighbor.</li> <li>Family member or friend.</li> </ul>		2. Reference Name:		Reference Signature:			
	Phone Number:		Rela	Relationship to Applicant:			
		Applicant Stateme	ent				
Complete the following questi 1. Explain why you wou	uld like to attend the Ex		ment Citizens Academy.	Date:			
Applicant Name: PLEASE PRIN	I	Applicant Signati	ure:	Date:			

Revised 01-17-2024