


# Application Packet Cover Sheet



Name: \_\_\_\_\_  
*Last Name, First Name, MI*

## Required Documents Checklist

Official  
Use  
Only 

S.P. 894	TYW Application	<input type="checkbox"/>	
S.P. 894A	Medical/Insurance/Emergency Information	<input type="checkbox"/>	
	Photocopy of Medical Insurance Card (front/back)	<input type="checkbox"/>	
S.P. 894B	Physician Medical Approval Form	<input type="checkbox"/>	
S.P. 479	Consent for Photograph & Audio/Visual Release	<input type="checkbox"/>	
	Leadership Essay (500 word minimum)	<input type="checkbox"/>	

Return this form and all required documents no later than **May 15<sup>th</sup>, 2023** to:

Division of State Police  
Outreach Unit  
Attn: Trooper Youth Coordinator  
P.O. Box 7068, Bldg. #4, West Trenton, NJ 08628-0068

Or scan (*PDF format ONLY*) and email to:

[TrooperYouth@njsp.org](mailto:TrooperYouth@njsp.org)



# NEW JERSEY STATE POLICE Trooper Youth Week — Application

## 1. Applicant Information - to be completed by Student

Name (Last, First, MI)		Gender	Age	Date of Birth	Email Address
Address (Number & Street, City, State, ZIP Code)		County	Telephone		T-Shirt Size <input type="radio"/> S <input type="radio"/> L <input type="radio"/> XXL <input type="radio"/> M <input type="radio"/> XL <input type="radio"/> Other _____
Race or Ethnic Group (Completion of this question is voluntary. The requested information will be kept confidential and used for statistical purposes.) <input type="radio"/> Hispanic or Latino <input type="radio"/> African American/Black (Not Hispanic/Latino) <input type="radio"/> Native Amer./Alaskan Native (Not Hispanic/Latino) <input type="radio"/> 2 or more races (Not Hispanic/Latino) <input type="radio"/> White (Not Hispanic/Latino) <input type="radio"/> Asian (Not Hispanic/Latino) <input type="radio"/> Native Hawaiian/Other Pacific Islander (Not Hispanic/Latino)					
Parent/Guardian Name	Parent/Guardian Home Telephone		Parent/Guardian Work Telephone		Parent/Guardian Cell Phone (24 Hr. Emergency)
Parent/Guardian Address if different from above (Number & Street, City, State, ZIP Code)			Parent/Guardian County	Parent/Guardian Email Address	

## 2. Essay - to be completed by Student

The applicant shall **submit an essay** describing leadership traits they consider important and how these attributes relate to the law enforcement profession. The essay may meet or exceed 500 words but shall not be less than the 500 word minimum. **Failure to submit the required essay may result in non-selection.**

## 3. School Certification - to be completed by High School Guidance Counselor

Name of High School	Address (Number & Street, City, State, ZIP Code)	Telephone
I hereby certify the Applicant is in good academic standing and the Applicant will in all likelihood successfully complete their junior year in high school. Additionally, sophomores who are currently 17 years of age may also be eligible. The Applicant must not have reached their 18th birthday prior to the graduation date of their Trooper Youth Week class.		
Name of Guidance Counselor	Guidance Counselor Signature	Date

## 4. Reference

Applicant is Recommended by	Relationship to Applicant	Telephone
<input type="radio"/> NJSP/Law Enforcement <input type="radio"/> High School Principal <input type="radio"/> Religious Leader <input type="radio"/> Guidance Counselor <input type="radio"/> Community Representative <input type="radio"/> Other: _____		
I hereby certify that the Applicant named above is honest, of good reputation, and sound moral character.		
Reference Signature		Date

## 5. Week - to be completed by the Parent/Guardian

**July 31st-August 4th, 2023 and August 7th-11th – You will be notified as to your acceptance in the program as decisions are finalized.**

## 6. Waiver & Release - to be completed by the Applicant AND the Parent/Guardian

In consideration of the New Jersey State Police (NJSP) allowing me to participate in the Trooper Youth Week program at the NJSP Academy, I, the undersigned, for myself, my heirs, executors, administrators and assigns, hereby waive and release any and all claims for damages or loss to my person and/or property that may be caused by any act, or failure to act, of the NJSP, its officers, agents, employees or recruits. I assume the risk of any and all dangerous conditions in and about the training area and Academy property and waive any and all specific notice of the existence of such conditions.

My participation in the Trooper Youth Week program is purely voluntary and done at my own risk. I expressly acknowledge that there is some risk in participating in law enforcement training exercises. Knowing that some risk exists, I nevertheless voluntarily assume all risks of loss, damage or injury that may be sustained while participating in these exercises, even though they may arise out of the negligence of the persons entities listed above. I agree to accept and abide by the Trooper Youth Week Rules & Regulations as established by the NJSP and to obey the directions of the designated training officers. Failure to do so **SHALL** result in my removal from the Trooper Youth Week program.

I have read and understand the contents of this WAIVER & RELEASE as well as the TROOPER YOUTH WEEK RULES & REGULATIONS and I am signing voluntarily.

**THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED.**

Candidate Signature	Date	Parent/Guardian Signature	Date
---------------------	------	---------------------------	------

Return this form no later than **May 15, 2023** to: Division of State Police, Outreach Unit  
 Attn: Trooper Youth Coordinator  
 P.O. Box 7068, Bldg. #4, West Trenton, NJ 08628-0068  
**or scan (PDF format ONLY) and email to: TrooperYouth@njsp.org**



NEW JERSEY STATE POLICE

# Trooper Youth Week — Medical/Insurance/Emergency Information

To be completed by Parent/Guardian. Mark N/A when information is not applicable. Attach additional information as necessary.

Trooper Youth Applicant: \_\_\_\_\_  
Last Name, First Name, MI Date of Birth

**A. Explain any existing medical conditions/allergies/nutritional requirements the Trooper Youth Applicant may have:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**B. List any medications (over-the-counter and prescription, ex.: Tylenol, Motrin, Benadryl, etc.) to be taken during the week:**

Medication	Dosage	Condition prescribed for	
Side Effects	Prescribing Physician	Physician Telephone	
Medication	Dosage	Condition prescribed for	
Side Effects	Prescribing Physician	Physician Telephone	
Medication	Dosage	Condition prescribed for	
Side Effects	Prescribing Physician	Physician Telephone	

**The Trooper Youth will bring *four full days' supply of medication only.***

Prior to Trooper Youth's arrival, all medications are to be labeled and stored in their original container or prescription container, as applicable and in accordance with manufacturer instructions.

**FAILURE TO COMPLY WILL PREVENT THE STUDENT FROM PARTICIPATING IN THE TROOPER YOUTH WEEK PROGRAM.**

**C. Emergency Contact Information:**

1.	Name	Relationship	24 Hour Telephone
2.	Name	Relationship	24 Hour Telephone

**I, the Parent/Guardian, grant the New Jersey State Police permission to seek/provide medical attention in case of emergency should I not be able to be contacted.**

Parent/Guardian Name	Parent/Guardian Signature	Physician Name	Physician Telephone
----------------------	---------------------------	----------------	---------------------

**D. Health Insurance Information:**

**NOTE: A PHOTOCOPY OF YOUR MEDICAL INSURANCE CARD (Front & Back) MUST BE ATTACHED TO THIS FORM.**

Insurance Company	Name	Address	Telephone
Policy Number	Group Number	Policy Holder Name	
Policy Holder	Address	Telephone	Policy Holder Date of Birth Relationship to Trooper Youth

Trooper Youth Applicant has no health insurance. If insurance coverage is NOT available for the participant, please complete the section below:

*The Trooper Youth Applicant named above is not covered by health insurance. As a condition of participation, I hereby acknowledge that as the parent or legal guardian, that I shall bear and be liable for any and all medical, hospital, or related costs, damages, losses, and expenses incurred due to any injuries or illness that he or she may suffer during their participation in the Trooper Youth Week Program. I further acknowledge and agree that both the New Jersey State Police and the State of New Jersey will have no financial responsibility for any of the costs or expenses outlined above.*

\_\_\_\_\_  
Parent/Guardian Name Signature of Parent/Guardian Date



**NEW JERSEY STATE POLICE**

**Trooper Youth Week - Physician Medical Approval Form**

Dear Physician:

The following individual has submitted an application to participate in the New Jersey State Police (NJSP) Trooper Youth Week Program.

Name: \_\_\_\_\_

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

As part of the Trooper Youth Week Program, the NJSP requires each applicant to undergo a medical examination by a licensed physician. Trooper Youth Applicants should be in good physical health and able to participate in physical fitness activities (marching, running on all surfaces [blacktop, grass, sand]), calisthenics and organized athletic sports. Trooper Youth Week is a residential program. Applicants receive room and board at the NJSP Academy in Sea Girt, NJ.

**Physician's Statement** (Please check one box)

- I have examined the above named applicant and find he/she can safely perform in the program.
- I have examined the above named applicant and find he/she cannot safely perform in the program.

▼ **Examination shall be consistent with the 2014 14-Element AHA/ACC Recommendations.**

▼ **Examination date MAY NOT be greater than one year old from the last day the applicant attends the Trooper Youth Week Program.**

\_\_\_\_\_

*Physician's Signature*

\_\_\_\_\_


*Date*

*Please Type or Print:*

Physician's Name: \_\_\_\_\_

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

Affix Physician's Office Stamp:

**(Must be M.D. or D.O.; Physician Assistant or Nurse Practitioner is NOT acceptable.)** 

**The 14-Element, American Heart Association/American College of Cardiology Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes:**

**(Personal history)**

1. Exertional chest pain/discomfort
2. Unexplained syncope/near-syncope†
3. Excessive exertional and unexplained dyspnea/fatigue, associated with exercise
4. Prior recognition of a heart murmur
5. Elevated systemic blood pressure

**(Family history)**

6. Premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease, in one or more relatives
7. Disability from heart disease in a close relative under 50 years of age
8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias

**(Physical examination)**

9. Heart murmur‡
10. Femoral pulses to exclude aortic coarctation
11. Physical stigmata of Marfan syndrome
12. Brachial artery blood pressure (sitting position) §
13. If individual has been restricted from participation in sports in the past
14. If individual has had prior testing for the heart, ordered by a health care provider

\*Parental verification is recommended for high school and middle school athletes.

†Judged not to be neurocardiogenic (vasovagal); of particular concern when related to exertion.

‡Auscultation should be performed in both supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.

§Preferably taken in both arms.

Please list any relevant restrictions or limitations if any:



NEW JERSEY STATE POLICE

## Consent for Photograph & Audio/Visual Release Form

The New Jersey State Police (NJSP) requests your permission to reproduce through printed, audio, visual, or electronic means, activities in which you (the participant) or your child has engaged in for the following respective NJSP Programs:

Trooper Youth Week,  Internship Program,  NJSP Explorer Post,  Other \_\_\_\_\_

Your authorization will enable us to use the photographs and/or video footage taken during the respective program to promote the program through the use of mass media, displays, brochures, websites, etc.

- I, as a parent or guardian of the below-named youth, or as an adult participant, fully authorize and grant the NJSP and its authorized representatives the right to print, photograph, record, and edit as desired, the name, image, likeness, and/or voice of myself or the below-named youth on audio, video, film, slide, or any other electronic and printed format currently developed for the purpose stated or related to the above.
- I understand and agree that the use of such photographs and video will be without any compensation to me personally, the youth, or the youth's parent/guardian.
- I understand all photos and/or videos will be property of the NJSP. Photos and/or videos may be used without specific notification.
- I understand and agree that the NJSP and/or its authorized representatives shall have the exclusive right, title, and interest, including copyrights, of such photographs and video recordings.
- I understand and agree that the NJSP and/or its authorized representatives shall have the unlimited right to use the photographs or videos for any purpose stated or related to the above.
- I hereby release and hold harmless the NJSP and its authorized representatives from all actions, claims, damages, costs, or expenses, including attorney's fees, brought by myself, the youth, and/or the parent/guardian which relate to, or rise out of, any use of these photographs and/or videos as specified above.

*I have read and understand the contents of this Consent for Photograph & Audio/Visual Release Form and I am signing voluntarily.*

\_\_\_\_\_  
Participant – Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian – Print Name

*(Required if participant is under 18 years old.)*

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

\_\_\_\_\_  
Date