

Union County Sheriff's Office  
**Youth Police Academy**  
**2026 Application**



**Application Deadline: May 29, 2026**

**Please return the completed application WITH A COPY of the child's most RECENT REPORT CARD to:**

**Attn: UCSO Training Unit – Youth Academy**  
**Union County Sheriff's Jail**  
**15 Elizabethtown Plaza**  
**Elizabeth, NJ 07207**

**Program Dates: Grades 7<sup>th</sup>- 8<sup>th</sup> = July 13 – July 17, 2026**  
**Grades 9<sup>th</sup> – 12<sup>th</sup> = July 20 – July 31, 2026**

**Youth Police Academy Contact Information:**  
**[UCSOTraining@ucnj.org](mailto:UCSOTraining@ucnj.org)**



# Union County Sheriff's Office Youth Police Academy Application



**(All Sections Must Be Filled Out Completely)**

## Recruit Section

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

Current Address: \_\_\_\_\_  
# Street City

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Parent/Guardian Section

Name(s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

## School Section

Name of School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Current School Grade (ex: 8<sup>th</sup> grade): \_\_\_\_\_

## Uniform Sizes

**(Be very specific in sizes – ex: Size Medium,  youth)**

T-shirt Size (XS – 3XL): \_\_\_\_\_  Youth  Adult

Gym Short Size (XS – 3XL): \_\_\_\_\_  Youth  Adult

Has the applicant ever been arrested for OR charged with Juvenile Delinquency? Yes  No   
If yes, please explain:

\_\_\_\_\_

Has the applicant ever received a summons, been charged with, or been arrested for a violation of Disorderly Persons Act, or any City ordinance? Yes  No   
If yes, please explain:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Recruit Signature: \_\_\_\_\_



# Union County Sheriff's Office Youth Police Academy Report Card



**All youth police academy applicants MUST submit a copy of their most recent report card.**

Failure to submit a copy of the most recent report card will automatically place your child's application in the pending folder. Applicants will not be approved and accepted into the program until we receive a copy of the report card.

**Additional Program Information: Please visit our website at <https://ucnj.org/sheriff/youth-police-academy/>**

**Or Scan the QR code below**





# Union County Sheriff's Office Youth Police Academy



## Certification & Release of Information/Photographs

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I certify that all statements made on the attached application are true to the best of my knowledge and are made in good faith. I understand that I may not be considered for the Youth Academy if it is found that the information on this application is false. I can supply information that will prove entries on this application are true. I understand that a strict code of conduct will be adhered to while attending the Union County Sheriff's Youth Academy.

I hereby authorize any representative of the Union County Sheriff's Office bearing this release to obtain information pertaining to my personal background including, but not limited to, academy and athletic achievement, attendance, driver's history files, and any other records that may be requested by such employee.

This release is executed with the full knowledge and understanding that the information is for the official and confidential use of the Union County Sheriff's Office.

The undersigned gives permission to the County of Union for the use and display of their child's photograph in publications, displays, web sites or advertisements.

The undersigned releases and forever discharges any and all claims and demands arising out of or in connection with the use of said photographs and images.

PERMISSION GRANTED BY: (PARENT/GUARDIAN)

\_\_\_\_\_  
PRINT PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
SIGN PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
DATE:



# Union County Sheriff's Office Youth Police Academy



## Consent to Participate & Release from Liability

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The undersigned, parent/guardian, hereby gives permission and authorization for their son/daughter to participate in all scheduled activities including but not limited to physical training exercises such as running, strength training, blocks and defenses, weapon retention and takedown and handcuffing techniques. I also consent to the administration of emergency first aid if necessary in the opinion of a certified EMT.

The undersigned hereby releases, holds harmless, indemnifies, discharges and agrees to defend the County of Union, its employees, agents, assigns, and contractors, including the Union County Prosecutor's Office, the Office of the Union County Sheriff and the employees, agents, assigns, and contractors thereof, from any and all damages, claims, losses, expenses, attorney fees, causes of action, judgements, lawsuits, proceedings and/or liabilities occurring by reason of any injury to any person or property as a result of participating in this program and in any capacity or function as a youth academy participant.

The undersigned further agrees to obey directives of the sheriff's youth academy instructors, sheriff's officers or their designees while accompanying said officer. Additionally, participation in the program can be rescinded at any time during the course of the academy without cause and is in the sole and absolute discretion of the sheriff's instructors.

I hereby attest to having read this document and acknowledge the understanding thereof.

PERMISSION GRANTED BY: (PARENT/GUARDIAN)

\_\_\_\_\_  
PRINT PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
SIGN PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
PARTICIPANT'S NAME

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



# Union County Sheriff's Office Youth Police Academy Medical Waiver



**This form MUST be filled out completely by a doctor and STAMPED by the doctor's office.**

Applicant's name: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Please circle yes or no if the applicant has experienced any of the conditions below during their lifetime.

Asthma	YES	NO	Dizziness/Fainting	YES	NO
Previous Knee injuries	YES	NO	Heart Conditions	YES	NO
Previous Back injuries	YES	NO	Surgeries	YES	NO

Please provide specific information for any item listed above that was marked yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list below all prescribed medications that the applicant is required to take regardless of frequency.

1) Medication Name: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Dosage (times per day): \_\_\_\_\_

2) Medication Name: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Dosage (times per day): \_\_\_\_\_

3) Medication Name: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Dosage (times per day): \_\_\_\_\_

\_\_\_\_\_ The above applicant does not take any medications

List any special needs and/or restrictions: \_\_\_\_\_

\_\_\_\_\_

### Certification by Physician

Based upon a medical examination and a review of the applicant's health history, I certify that the applicant is medically fit to participate in all physical activity as part of the Union County Sheriff's Youth Academy. I understand that the course involves, but is not limited to, active and physical participation in strenuous activity without any limitations.

\_\_\_\_\_  
Physician's Stamped Signature

\_\_\_\_\_  
Date

# UNION COUNTY SHERIFF'S YOUTH ACADEMY

Applications must be sent to  
the attention of:

UCSO Training Unit  
Union County Sheriff's Office Jail  
15 Elizabethtown Plaza, 2<sup>nd</sup> Floor  
Elizabeth, NJ 07207

## ELIGIBILITY CRITERIA

1. Students currently enrolled in Grades 7<sup>th</sup> & 8<sup>th</sup> (July 13 – July 17) OR Grades 9<sup>th</sup> – 12<sup>th</sup> (July 20 – July 31)
2. Have a minimum G.P.A. of 2.70 (B - Average)
3. Obtain consent of parent(s) or guardian (located in application)
4. Obtain medical release forms (located in application) from your physician.

## FREE PROGRAM

This is a **FREE** program! Recruits are only responsible for transportation to and from the academy, lunch, and black pants.

**Email for additional information:**

**[UCSOTraining@ucnj.org](mailto:UCSOTraining@ucnj.org)**

# UNION COUNTY SHERIFF'S YOUTH ACADEMY

## WHAT ELSE SHOULD I KNOW?

The academy will introduce participants to hands-on experiences of a wide variety of emergency services and law enforcement functions and training. Participants will undergo daily training in Drill and Ceremony to teach values and the importance of working as a team.

This educational program will provide youths with an opportunity to learn respect for our laws while teaching them about their roles and responsibilities as citizens. It will provide powerful insight into a possible career path that can only be obtained by staying clear of trouble and performing well in their academic studies.



Scan barcode for link  
to application and  
additional information

# UNION COUNTY SHERIFF'S OFFICE



# 2026 YOUTH POLICE ACADEMY



Presented by Sheriff Peter Corvelli

# UNION COUNTY SHERIFF'S YOUTH ACADEMY

On behalf of Sheriff Peter Corvelli, I am pleased to announce that the Union County Sheriff's Office will be presenting our annual *Youth Police Academy* Program from July 13, 2026 through July 31, 2026. The program is open to students currently enrolled in grades 7<sup>th</sup>-8<sup>th</sup> (July 13 – July 17) and 9<sup>th</sup>-12<sup>th</sup> (July 20 – July 31). Any student in grades 7-12 in Union County may apply. This is a **FREE** program!

1. The goal of the program is to familiarize students with the role of a first responder.
2. It will introduce participants to a hands-on experience of a wide variety of law enforcement functions, as well as the various types of emergency services and the training that is required.
3. Participants will have the opportunity to experience positive interactions with different facets of our justice system.

## ABOUT THE ACADEMY

The Union County Sheriff's Youth Academy will take place at the John H. Stamler Police Academy in Scotch Plains. The *Sheriff's Youth Academy* is not a "boot camp" for troubled youth. It is designed to operate like an actual academy for those interested in law enforcement.

# UNION COUNTY SHERIFF'S YOUTH ACADEMY

## WHAT SUBJECTS WILL BE COVERED?

Physical Fitness Training, Military Etiquette, Drill and Ceremony, Basic First Aid & Fire Safety, Handcuffing Techniques, Self Defense, Basic Crime Scene Investigations, Fingerprinting, Sheriff's K-9 Demonstration and more.....

## WHAT IS THE APPLICATION PROCEDURE?

The entire application must be filled out and returned by the **deadline of May 29, 2026** for consideration. The entire application should include the following:

- Application Information sheet
- Certification and Release of Information and Photographs waiver
- Consent to Participate and Release from Liability waiver
- Medical Certification Form
- Copy of applicant's most recent report card

**Applicants must currently be in grades 7 -12 to be eligible.**

*\*If you are home-schooled, please provide explanation of equivalent.*

# UNION COUNTY SHERIFF'S YOUTH ACADEMY

## WHERE DO I GET AN APPLICATION?

Applications may be picked up at your local guidance counselor's office, or by scanning the barcode:



## ADVISORY

The *Sheriff's Youth Academy* will adhere to a strict paramilitary code of conduct. All recruits will be expected to conduct themselves in accordance with the rules and guidelines of the John H. Stamler Police Academy. Recruits will be required to participate to the best of their abilities in all scheduled activities. At any time, the program director may terminate a recruit from participating in the *Sheriff's Youth Academy* for non-compliance with the rules set forth in the Academy guidelines.



**Email for additional information:**

**[UCSOTraining@ucnj.org](mailto:UCSOTraining@ucnj.org)**