



# NEW JERSEY STATE POLICE

## Youth Leadership Safety Program

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 N.J.S.P. Community Services Unit Programs Coordinator  
 Phone: 609-882-2000 Ext 2844  
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**Enrollment Number**



**Application**

### APPLICANT INFORMATION:

<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>
<b>Rank:</b>	<b>Sex:</b>	<b>Social Security #:</b>		
<b>Police Agency:</b>		<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>	
<b>Agency Phone: ( )</b>		<b>Agency Fax: ( )</b>		
<b>Emergency Contact Number:</b>			<b>Person:</b>	

### TRAINING CERTIFICATIONS: Please indicate with

<b>ITC:</b>	<b>MOI:</b>	<b>SRO:</b>	<b>GREAT:</b>	<b>DARE:</b>
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<b>TRAINING DATES REQUESTED:</b>	
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**HOW MANY YEARS HAVE YOU BEEN A POLICE OFFICER?**  
**IS YOUR CALENDAR FREE FROM ANY & ALL OBLIGATIONS?    YES        NO**  
*(You are required to attend every day of the training. Emergencies will be evaluated on a case by case basis.)*

Fax this form to the New Jersey State Police Community Services Unit, Attn. Sgt. G. Williams.

**List school(s) where the program will be offered :**

Information concerning the training will be forwarded to you upon receipt of this training form.