

WILLINGBORO POLICE DEPARTMENT

Municipal Complex

1 Rev. Dr. Martin Luther King Jr Drive, Willingboro, NJ 08046



Kinamo Lomon
Public Safety Director

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COVID-19 Addendum to Youth Police Academy

I, _____, the undersigned, being the lawful parent or
PRINT PARENT/GUARDIAN NAME

guardian of _____, will do the following:
PRINT NAME OF CHILD

1. I agree to monitor my child and will encourage my child to self-monitor for illness. I will not allow my child to attend the Youth Police Academy if they have a fever or are feeling unwell.
2. I am aware my child may be required submit to temperature screening upon arrival to the Youth Police Academy
3. I am aware my child will be required to wear a mask at all times while indoors.
4. I am aware my child must comply with all COVID related Executive Orders from the NJ Governor AND Willingboro Township rules while at the Youth Police Academy or under the Supervision of Youth Police Academy staff.
5. I am aware my child may be immediately discharged from the Youth Police Academy if they willfully fail to comply with any of the aforementioned requirements.

I have reviewed this COVID-19 Addendum with my child and proof of same is evidenced by our signatures.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE