



NEW JERSEY STATE POLICE

Youth Leadership Safety Program

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 N.J.S.P. School and Traffic Safety Unit Programs Coordinator
 Phone: 609-882-2000 Ext 2844
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Enrollment Number



Application

APPLICANT INFORMATION:

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

TRAINING CERTIFICATIONS: Please indicate with

ITC:	MOI:	SRO:	GREAT:	DARE:
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TRAINING DATES REQUESTED:	
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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 School and Traffic Safety Unit, Attn. Staff 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.