Robbinsville Township Police Department
Adult Citizen Police Academy

Chief William G. Swanhart III

Overview:

In the interest of full transparency and community outreach, the intent of the Robbinsville Township Police Department Adult Citizen Police Academy is to educate our township residents on the roles, functions, technology, and specialized units of our Police Department.

This unique opportunity will allow our township residents to become familiar with the day-to-day operations of our Police Department. In addition to classroom instruction, there will be a scheduled patrol ride along.

At the completion of this eight (8) week program, our residents will gain an awareness and appreciation of the many services we provide. Our goal is to create a strong partnership between our Police Department and the community that we proudly serve.

There will be a maximum of 20 participants. All participants must be 21 years of age or older and are required to consent to a background check. There will be no physical fitness involved.

We will meet on Wednesday evenings at 6:30pm. The first class will meet on September 30, 2026.

There will also be a graduation ceremony, date/time TBD.

robbinsvillepd.org

Application:

Applicants must meet the following qualifications to apply:

1. **Applicants must be 21 years of age or older**
2. **Applicants must be a Robbinsville Township resident**
3. **Applicants must sign the "Hold Harmless Agreement"**
4. **Applicants will be subject to a background check**
5. **Applicants must provide a copy of their NJ Driver License or Government Issued ID with their completed application**

Applications must be completed and returned by September 4, 2026 to:

Lieutenant Scott Kivet at skivet@robbinsville.net or
Lieutenant Thomas Egan at tegan@robbinsville.net

If you have any questions, please contact Lieutenant Scott Kivet or Lieutenant Thomas Egan.

Name:	
Date of Birth:	
Address:	
Phone Number:	
Email Address:	
Shirt Size:	

Hold Harmless Agreement:

I voluntarily and knowingly release and discharge the Township of Robbinsville, Robbinsville Township Police Department, and the Robbinsville Township Police Department Adult Citizen Police Academy ("Program"), inclusive of all instructors and participants in this Program as well as all other(s) who may be liable, from any and all claims, present and future, known or unknown, that arise in any manner related to or resulting from my participation in the Robbinsville Township Police Department Adult Citizen Police Academy.

Signature: _____

Print Name: _____

Consent to Conduct Background Check:

I hereby authorize the Robbinsville Township Police Department to conduct a background check as a condition of my participation in the Robbinsville Township Police Department Adult Citizen Police Academy. I understand that I may withhold my permission and that in such a case, no background check will be done and my application for participation in the Robbinsville Township Police Department Adult Citizen Police Academy will not be processed further.

Signature: _____

Print Name: _____

Photograph Consent Waiver and Release Form:

I consent and give permission to the Robbinsville Township Police Department to photograph me in connection with the Robbinsville Township Police Department Adult Citizen Police Academy.

I understand that any such photographs, and all rights associated with them, will belong solely and exclusively to the Robbinsville Township Police Department, which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet.

I voluntarily waive any and all rights with respect to any such photographs, including compensation, copyright, and privacy rights and any right to inspect or approve such photographs and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, the Robbinsville Township Police Department, its officers, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such photographs and/or their use. **I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, WAIVER, AND RELEASE FORM, AND I SIGN IT FREELY AND VOLUNTARILY.**

Signature: _____

Print Name: _____

Emergency Contact Information:

Name:	
Address:	
Phone Number:	
Relationship to Participant:	