



Allen Pascual  
Public Safety Commissioner

# NORTH BERGEN POLICE DEPARTMENT

*An Accredited Law Enforcement Agency*  
4233 Kennedy Blvd. North Bergen, NJ 07047



Robert J. Farley, Jr.  
Chief of Police



## NEIGHBORHOOD WATCH

CITIZEN POLICE ACADEMY

### 2026 APPLICATION PACKET

**SUBMIT BY APRIL 20, 2026**

**NORTH BERGEN POLICE DEPARTMENT  
COMMUNITY RELATIONS UNIT**



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### NEIGHBORHOOD WATCH

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Thank you for your interest in the North Bergen Police Department's inaugural **Neighborhood Watch Academy**. Attached is an application for the program.

The North Bergen Police - Neighborhood Watch Academy gives residents a great chance to learn about the importance of community involvement in preventing crime, understanding current crime trends, and discovering best practices for keeping homes, individuals, and communities safe, among other subjects.

Please keep in mind that this course is for informational purposes only and is not part of the application process for becoming a Police Officer with the North Bergen Police Department.

### HOW TO APPLY:

- Kindly ensure that the application is filled out in its entirety. Please use a black or blue pen for all forms.
- Submit the completed application in PDF format via email to:  
**Capt. Alex J. Barrios - [communityrelations@northbergenpd.com](mailto:communityrelations@northbergenpd.com)**
- Alternatively, you may deliver it in person to:  
**North Bergen Police Department  
4233 Kennedy Blvd. North Bergen, NJ 07047  
ATTN: Community Relations Unit**
- You will receive a notification regarding the status of your application after a criminal history background check has been conducted.
- Please be aware that any applicants who provide false information on their application will be denied access to the program.

**If you have any questions, please contact Capt. Alex J. Barrios:**  
Email: **[communityrelations@northbergenpd.com](mailto:communityrelations@northbergenpd.com)** Phone: **(201) 888-9008**

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### 2026 NEIGHBORHOOD WATCH ACADEMY APPLICATION

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

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Social Security Number: \_\_\_\_\_ US Citizen: Yes No

Marital Status: Single Married Separated Divorced Widowed

Home Address: \_\_\_\_\_

(Number, Street, City, State, Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Present Employer Address: \_\_\_\_\_

(Number, Street, City, State, Zip)

Highest Level of Education: \* GED High School College Other

College Degree(s) or Professional Licenses: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Is Your Driver's License Currently Suspended or Revoked in NJ or another state? YES / NO

Have you ever been arrested for, charged with or convicted of an indictable crime, disorderly person, or city or township ordinance violation? YES / NO

If yes, provide details of event, date and disposition: \_\_\_\_\_

List any civic organizations, activities, or groups you belong to: \_\_\_\_\_

Where/how did you hear about the Neighborhood Watch Academy? \_\_\_\_\_

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## NEIGHBORHOOD WATCH

### CITIZEN POLICE ACADEMY

### CERTIFICATION

I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are provided in good faith. I acknowledge that any misrepresentation of information supplied by me will result in my disqualification from attending the North Bergen Police Neighborhood Watch Academy Class. Furthermore, I understand that any criminal record will preclude my participation in the Neighborhood Watch Academy Class. Additionally, I grant the North Bergen Police Department the authority to verify any and all information contained herein and to review all relevant records, including employment, education, criminal history, motor vehicle records, and any other information from the sources indicated in this duly executed authorization and release form. I have read this Certification and I comprehend and agree to the conditions set forth herein.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witness Signature:** \_\_\_\_\_

***SUBMIT BY APRIL 20, 2026***