

# Oswego Junior Public Safety Academy



## Pledge of Confidentiality

Child's Name: \_\_\_\_\_

As a participant in the Oswego Junior Public Safety Academy, I agree and pledge to maintain the highest levels of confidentiality at all times. I recognize that I might come in contact with or be exposed to classified and restricted information and material in the course of my training. I understand that should I violate the confidentiality of the Oswego Police Department or the Oswego Fire Protection District in any way, my participation in this program will be terminated immediately.

Signature of Child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



Return Application and Waivers to:  
3355 Woolley Rd, Oswego, IL 60543

