



# Pleasanton Police Department TEEN ACADEMY 2013



Name: \_\_\_\_\_  
Last First Middle DOB

Address: \_\_\_\_\_ Sex: M F

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Briefly explain why you are interested in attending the Teen Citizens' Police Academy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested in any jurisdiction? Yes \_\_\_ No \_\_\_  
If yes, explain when, where and what the circumstances were:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accepted, will you be able to attend all of the sessions? \_\_\_\_\_

How did you hear about Teen Academy? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_  
**\*\*\* Signing this form allows Pleasanton Police Department to conduct a limited background check for criminal history. \*\*\***

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Email Contact for Parent: \_\_\_\_\_  
**\*\*\* This course may include light physical activity, exposure to simulated firearms and graphic subject matter. \*\*\***

In case of emergency, please provide the name and phone number of a parent or guardian we can contact: \_\_\_\_\_

Please return this form to:

**By Mail:**  
Pleasanton Police Department  
Attn: Crime Prevention  
P.O. Box 909  
Pleasanton, CA 94566

**In Person:**  
Pleasanton Police Department  
Attn: Crime Prevention  
4833 Bernal Avenue  
Pleasanton, CA 94566