

PLEASANTON POLICE DEPARTMENT
TEEN ACADEMY 2014

Name: _____
Last First Middle DOB

Address: _____ Sex: M F

City: _____ School: _____

Grade (This Fall): _____ Age: _____ Adult T-Shirt Size: _____

Phone Number (Applicant): _____ (Parent #): _____

E-mail Address (Applicant): _____

Email Address (Parent): _____

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

Have you ever been arrested in any jurisdiction? (Circle One) Yes No

If yes, explain when, where and what the circumstances were:

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

*Note: There are two sessions in this course where we will meet off site. There are also two session which will meet in the evening. The Police Department is unable to provide transportation in these instances.

How did you hear about Teen Academy? _____

****This document is double-sided. Please fill out completely to be considered**

Signature of Applicant: _____ Date: _____

*** Signing this form allows Pleasanton Police Department to conduct a limited background check for criminal history. ***

Signature of Parent: _____ Date: _____

*** 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

By Email:

Shannon Revel-Whitaker at SRevel-Whitaker@CityOfPleasantonCA.gov
Archie Chu at AChu@CityOfPleasantonCA.gov