

# Pleasanton Police Department TEEN ACADEMY

Name: \_\_\_\_\_ ( / / )  
Last First Middle DOB

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

City: \_\_\_\_\_ School: \_\_\_\_\_

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

Phone: (Applicant): ( ) (Parent): ( )

E-mail Address (Applicant):  
\_\_\_\_\_

Email Address (Parent):  
\_\_\_\_\_

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

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Have you ever been arrested in any jurisdiction? Yes No

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

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

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**\*\*\*Note: There are sessions in this course that require meeting off site and in the evening. The Police Department is unable to provide transportation in these instances.**

How did you hear about Teen Academy?

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**\*\*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:

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Please return this form to:

**By Mail:**

Pleasanton Police Department  
Attn: Officer Michael Rossillon  
P.O. Box 909  
Pleasanton, CA 94566

**In Person:**

Pleasanton Police Department  
Attn: Officer Michael Rossillon  
4833 Bernal Avenue  
Pleasanton, CA 94566

**By Email:**

Michael Rossillon at [mrossillon@CityofPleasantonCA.gov](mailto:mrossillon@CityofPleasantonCA.gov)