

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 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?

***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?

****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: Officer Matt Harvey
P.O. Box 909
Pleasanton, CA 94566

In Person:

Pleasanton Police Department
Attn: Officer Matt Harvey
4833 Bernal Avenue
Pleasanton, CA 94566

By Email:

Matt Harvey at mharvey@CityofPleasantonCA.gov