

Sonoma County Sheriff's Office

YOUTH ACADEMY APPLICATION

Applicant's Name:							
	Last	First	MI			Nickna	ime
Address:	Street	City	/			Zip	
Date of Birth (MM/DD/Y		Sex (M/F):	Drive	ers Lice		·	
Phone #:			(If	applicat	work		
Email:			shirt size: S	М			XXL
School:		Grade in 2024/2025 sch	ool year:		A\	verage G	GPA:
Parent/Guardian Primary la	inguage? Englis	h Spanish	Other				
Parent/Legal Guardian	#1:		Home Ph	one #:			
Address:		Cell or Work Phone #:					
Parent/Legal Guardian	#2:		— Home Ph	one #:			
Address:		Cell	Cell or Work Phone #:				
Emergency Contact:	Name		Phone #			R	elationship

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Sonoma County Sheriff's Office Youth Academy, I hereby authorize the Sonoma County Sheriff's Office to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Citizens' Academy. I understand that all available police and criminal records will be checked and that the information will be used solely for determining eligibility of applicants for the Youth Citizens' Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant:	Date:
- 3	2
Signature of Parent or Guardian:	_ Date:

EMPLOYMENT HISTORY

Company Name:		Phone #:	
Address:	Supervisor:		
Dates of Employment From:	To: Re	eason for Leaving:	
Job title, description and responsibilities:			
Company Name:		Phone #:	
Address:	Supervisor:		
Dates of Employment - From:	To: Re	eason for Leaving:	
Job title, description and responsibilities:			
Have you ever been fired from a job or aske	d to resign? If yes, pl	ease explain:	
Have you ever been convicted of any law vio	plation, other than a tr	raffic violation? If yes, please explain:	
(TO BE COMPLI	Media Release ETED BY PARENT		
recorded, by audio and visual means, and may media may be invited to view the event and n my name and telephone number to be conta hereby release and discharge persons represe	y be used to promote f may attempt to intervie acted by the media re enting the <i>Youth Citize</i> ocessing, reproduction	e Youth Citizen's Academy program may be future programs. Furthermore, I understand the ew program participants. I am willing to provide egarding Youth Citizen's Academy program. I en's Academy program from any liability arising n or exhibition of video tapes or photographs	

Parent/Guardian of:	Date:		
Print Name:	Signature:		

QUESTIONNAIRE

Please state why you are interested in attending the Sonoma County Sheriff's Office Youth Citizen's Academy:

Describe any community/recreational activities in which you have participated (sports, clubs, non-profits, etc.):

REFERENCES

Please list two references, not relatives, who have knowledge of you professionally and/or personally. **References must be 18 years of age or older**

Name:	Phone #:	
Relationship (teacher, neighbor, coworker, etc.):	How long known:	
Name:	Phone #:	
Relationship (teacher, neighbor, coworker, etc.):	How long known:	

RULES AND REGULATIONS

- Students, whether during academy classes or during off-program times, will not engage in any inappropriate conduct. This includes both criminal activity or any behavior that threatens or impedes on the participants and staff's ability to participate in a safe/non-hostile environment.
- Students are expected to attend all classes. Excused absences will be handled on a case by case basis. Unexcused absences will result in dismissal from the program. Please notify the program coordinator of any absences by no later than 8:00 a.m. that day.
- Tardiness will not be tolerated. Any student who is more than 20 minutes late will be considered absent. A student who is less than 20 minutes late on 2 occasions will be dismissed from the program.
- Students shall maintain a clean, groomed appearance at all times. Baggy clothing and display of offensive material will not be tolerated. Students will be given a class shirt, which must be worn to each class.
- Students will come to class prepared for scheduled lessons and will bring all necessary materials.
- Expect to participate. Each student is expected to participate in discussions and activities.
- Failure to comply with any of these regulations may result in dismissal from the academy.

AFFIDAVIT PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for acceptance into the Sonoma County Sheriff's Office Youth Citizen's Academy and may result in my dismissal if discovered at a later date.

I understand that this application for acceptance to the Sonoma County Sheriff's Office Youth Citizen's Academy does not create an express or implied acceptance into the Academy nor guarantee acceptance for any definite period of time. If accepted, I understand that I have been accepted in the Youth Citizen's Academy at the will of the Sonoma County Sheriff's Office and my status may be terminated at any time.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant:	Date:		
Signature of Parent or Guardian:	Date:		

Please return to: Sonoma County Sheriff's Office 2796 Ventura Ave. Santa Rosa, CA 95403 ATTN: Community Outreach Unit Office: (707) 565-2650 E-mail: sheriff-outreach@sonoma-county.org

APPLICANTS WILL BE NOTIFIED OF THE STATUS OF THEIR APPLICATION 4 WEEKS PRIOR TO THE START OF THE PROGRAM.