Youth Academy Application

Name_____

Address_____

_____

Telephone_____ E-mail _____

Date of Birth_____ Driver's License #_____

T-Shirt Size (circle one) S M L XL

Emergency Contact Name and Phone_____

If under 18, must include parent/guardian info:

Parent/Guardian name _____

Home Telephone_____ Work Telephone_____

Cell_____

How did you hear about the Youth Academy?

_____

_____

What do you hope to learn or accomplish by attending the Youth Academy?

_____

_____

Have you ever had contact with law enforcement? Please explain.

_____

_____

The Sheriff's Office reserves the right to deny entry to the academy.

In consideration of my application to attend the Youth Academy, I give the Jefferson County Sheriff's Office permission to conduct a background check to include arrest records, convictions, and traffic citations to ensure the integrity of the class. I further understand that some presentations will contain information that may be disturbing to some participants, and that I may opt out of any portion of the academy.

Applicant Signature Parent/Guardian Signature (<18)

_____ date _____ _____ date _____

Mail: *Jefferson County Sheriff's Office, 200 Jefferson County Parkway, Golden CO 80401.*
Attn: Deputy Dee Patterson, SRO.

Email: *dpatters@jeffco.us*