PINELLAS SHERIFF'S TEEN CITIZENS ACADEMY

PROGRAM APPLICATION

PLEASE COMPLETE THE APPLICATION FORM AND EITHER:

1 **E-Mail It**
Communityprograms@pcsonet.com

OR

2 **Mail It**
Pinellas County Sheriff's Office
Community Programs
P.O. Drawer 2500
Largo, FL 33779-2222

A criminal background check will be completed on all applicants. If you have any questions please call 727-582-6612.

PERSONAL INFORMATION

All information must be fully completed | Please Print Clearly

Last Name: _____ First Name: _____ Sex: _____ DOB: _____

Social Security #: _____ Race: _____

School: _____ Grade: _____

Home Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Driver License #: _____ DL State: _____

E-mail Address: _____

Hobbies/Interests: _____

Career Plans: _____

BACKGROUND WAIVER

You are hereby authorized to make any investigation into my personal history.

Signature: _____ Date: _____