



# 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: \_\_\_\_\_

Parents Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Driver License #: \_\_\_\_\_ DL State: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### BACKGROUND WAIVER

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_