



PINELLAS SHERIFF'S TEEN CITIZENS ACADEMY

PROGRAM APPLICATION

PLEASE COMPLETE THE APPLICATION FORM AND EITHER:

1

E-Mail

Communityprograms@pcsonet.com

OR

2

Mail

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: _____ Middle Name: _____ Sex: _____

DOB: _____ Social Security #(Optional*): _____ Race: _____

School: _____ Grade: _____

Home Address: _____ City: _____ Zip: _____

Parents Phone #: _____ Other Phone #: _____

Applicant's Driver License #: _____ DL State: _____

Parent's E-mail Address: _____ Applicant's Email Address: _____

* Providing your SSN is optional, but failure to provide your SSN may result in a delay in processing your application or request. PCSO's request for your SSN is permitted by state law because it is imperative for the agency in the performance of its duties and responsibilities for purposes of criminal history and verification of your identity, pursuant to Sections 119.071(5) (a)2.a.II, F.S. If you provide your SSN, PCSO will use it for purposes of identification as described above.

BACKGROUND WAIVER

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

Signature: _____ Date: _____