

SAN JOAQUIN COUNTY YOUTH LEADERSHIP ACADEMY 2024 Participant Application

PERSONAL INFORMATION:

PLEASE DOUBLE CHECK THAT YOUR CONTACT INFORMATION HAS BEEN ENTERED CORRECTLY.

| Name: (Last) | (First) | (M. Initial) |
|---|--|---|
| Address: | (City) | (Zip) |
| Home Phone (incl. area code): | Cell: | Birthdate:// |
| Email Address: | | |
| Name of School: | (City) | (Zip) |
| School District: | Present Grade: | |
| Students who attend the Youth Leadership Acade Program. Unexcused absences will not be tolerat and the vacancy will be promptly filled by a waitle DRESS CODE: | ed and may result in the dismissal of the | · |
| Please note, students must come appropriately d trips, and exposure to high-ranking law enforcem allowed. Closed-toed shoes are preferred, but no Attorney's Office to other collaborating agencies | ent and government officials, <u>no pajamas</u> t required. Youth Leadership Academy st | s, spaghetti straps, shorts, or crop-tops will be |
| | Date: Cell | Phone: |
| STUDENT SIGNATURE | | |
| Because this event can contain graphic in | formation, the signature of a pare | nt or guardian will be required. |
| TO BE COMPLETED BY PARENT(S) OR GUARD | DIAN: | |
| I understand that my child will be viewing an profanity and photos depicting crime scenes, | | |
| I agree that my child will be available to atter child is selected for the program, I agree to c | | · · · · · · · · · · · · · · · · · · · |
| | Date: Day | time Telephone: |
| PARENT/GUARDIAN SIGNATURE | | |

Please fill out and email this fully completed application to YLA@sjcda.org or send via mail to San Joaquin County District Attorney's Office, ATTN: YLA, 222 E. Weber Ave., Stockton, CA 95202 no later than May 13, 2024.