

Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT District Attorney Rod Norgaard Chief Deputy

Michael M. Blazina Assistant District Attorney

2022-2023 Youth Academy Application

Registration deadline is September 16, 2022

The Youth Academy is open to high school students within Sacramento County and provides the opportunity to learn about the criminal justice system, member agencies and engage in open communication with law enforcement in our community. Space is limited and applications will be accepted in the order received. **Enrollment is on a first come, first served basis.**

A signed permission slip from your parent/guardian is required with your application.

| Name: | |
|--|---|
| DOB: | Female Male |
| Address: | |
| City/State/Zip: | |
| Email Address: | |
| Phone: | |
| School: | Grade: |
| Parent/Guardian: | |
| Parent/Guardian Phone: | Email: |
| Please answer the following questions (inclu | de a separate sheet of paper if necessary): |
| 1. Why do you want to be part of this aca | demy? |
| 2. What do you hope to learn from this ac | ademy? |
| | ? |
| 4. Have you participated in this academy | |
| C | Ι Α ΩΩ Α ΤΤΕΝΙΝΑΝΙΩΕ |

CLASS ATTENDANCE

The Youth Academy is an accelerated program with a full agenda each class session. Missing more than two classes will result in a significant gap in the education process of the academy. I understand that participants absent more than two days will not receive a certificate of graduation.

Questions, applications, and permission slips should be emailed to: <u>youthprograms@sacda.org</u> or call 916.874.5251.



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT District Attorney Rod Norgaard Chief Deputy

Michael M. Blazina Assistant District Attorney

2022-2023 YOUTH ACADEMY

The Youth Academy will be conducted virtually this year, with an in-person graduation ceremony.

PARENT/GUARDIAN STATEMENT OF CONSENT

I hereby give consent to the Sacramento County District Attorney's Office for my child to participate in the "Virtual" Youth Academy (YA). I understand that my child will be under the supervision of designated employees from the participating county and state agencies.

I understand and agree that the program will be held virtually via zoom this year, and during the course of the program the students may be photographed or videoed for use on the District Attorney's website and social media sites to promote and publicize this and other programs.

I have also reviewed the "Code of Conduct" below with my child.

| Parent Contact Inform | ation | |
|---------------------------|---|-------------------------------|
| Name: | Relationship: | Phone: |
| This consent is for: | | |
| | Student's Name (Print) | |
| Authorized by: | | |
| | Signature of parent/guardian | Date |
| | CODE OF CONDUC | CT |
| Participants of the Youth | Academy are expected to: | |
| • Follow instru | uctions given. | |
| • Be respectfu | l of all District Attorney Personnel, guest speaker | s, and fellow students. |
| *Failure to follow the e | stablished guidelines may result in your dismis | sal from the program. |
| I, | , agree to part | icipate in the Youth Academy, |

PRINT STUDENT NAME and adhere to the above-mentioned guidelines.

STUDENT SIGNATURE

DATE