



# Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT  
District Attorney

Stephen J. Grippi  
Chief Deputy

Michael M. Blazina  
Assistant District Attorney

## 2020-2021 "Virtual" Youth Academy Application

**Registration deadline is September 11, 2020**

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 (include a separate sheet of paper if necessary):**

1. Why do you want to be part of this academy? \_\_\_\_\_
2. What do you hope to learn from this academy? \_\_\_\_\_
3. How did you learn about this academy? \_\_\_\_\_
4. Have you participated in this academy before?  No  Yes
5. \_\_\_\_\_

**Applications and permission slips should be emailed to: [youthprograms@sacda.org](mailto:youthprograms@sacda.org)**

Questions or scanned applications can also be sent to [youthprograms@sacda.org](mailto:youthprograms@sacda.org) or call Chasity Barlow at 916.874.5251



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## 2020-2021 YOUTH ACADEMY

The Youth Academy will be conducted virtually this year.

### 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 Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

This consent is for:

\_\_\_\_\_  
**Student's Name (Print)**

Authorized by:

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**

## CODE OF CONDUCT

Participants of the Youth Academy are expected to:

- Follow instructions given.
- Be respectful of all District Attorney Personnel, guest speakers, and fellow students.

**\*Failure to follow the established guidelines may result in your dismissal from the program.**

I, \_\_\_\_\_, agree to participate in the Youth Academy,

**PRINT STUDENT NAME**

and adhere to the above-mentioned guidelines.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**