YOUTH COMMUNITY POLICE ACADEMY

Sponsored by

San Francisco Police Department

COURSE APPLICATION

Thank you for your interest in the Youth Community Academy program. Please fill out the information requested below, as a computer check of your information will be conducted. You will be notified if you are selected to participate.

If you have any questions please contact Ms. Lula Magallon at (415) 401-4720, Officer Maria Oropeza at (415) 401-4701 or email us at: sfpd_cpa@yahoo.com.

All candidates must meet the following criteria:

- Must attend a high school in San Francisco
 (NOTE: All participants under the age of 18 years old must have parental permission to attend the course.)
- Must maintain a G.P.A. of at least a 2.0
- No Felony convictions

OR FAX TO: (415) 401-4747

• Candidates are expected to attend all classes.

Please print the following information:

NAME:	
ADDRESS	
ZIP CODE:	
HOME TELEPHONE: ()	
DRIVER'S LIC. # OR CA. I. D.	DOB: / /
HIGH SCHOOL CURRENTLY	ATTENDING:
G.P.A.:	
COUNSELOR or PRINCIPAL N	AME:
SIGNATURE:	
PHONE NUMBER: ()	
	SHEET OF PAPER TO WRITE A PARAGRAPH PARTICIPATE IN THIS TRAINING PROGRAM.
MAIL APPLICATION TO:	Lula Magallon, Y.C.P.A. Coordinator
	San Francisco Police Academy
	350 Amber Dr., S. F., CA 94131

Attn.: Lula Magallon

San Francisco Police Department Youth Community Police Academy

Release of Liability and Authorization for Treatment of Minors

Activity: Youth Community Police Acader	ny/Tuesday Night Course. (Ten Week duration)
Name of Participant:	
Date of Birth:	Age:
Address:	_ City/Zip:
Phone: ()	_ Driver's Lic. #:
School:	
in the Youth Community Police Academy, Tweeks, by the San Francisco Police Department Francisco Police Department from liability for officer, employees, agents, and the City and Commissions, for acts or omissions of any community of San Francisco, its offices, employees, employees, employees agents.	haracter which results in injuries to, arising out of his/her participation in Police ee to hold harmless and indemnify the City and yees, agents, and its Boards and Commissions for any, arising out of his/her
consent to medical treatment and/or hospital undersigned is participating in the activities Academy program. This authorization shall	Police Department, as agent for the undersigned to care should the need arise during the time the in the activities of the Youth Community Police remain in effect as long as (he/she) participates in Police Department, Youth Community Police and delivered to the San Francisco Police
PLEASE COMPLETE THE FORM BELOW.	
Parent/Legal Guardian Name (Print):	
Parent/Legal Guardian Signature:	
Home Address:	
Home Phone: ()	Work Phone: ()