



CITY OF GARDEN GROVE POLICE DEPARTMENT

A NATIONALLY
ACCREDITED LAW
ENFORCEMENT
AGENCY

AMIR EL-FARRA
CHIEF OF POLICE

TEEN CITIZEN ACADEMY APPLICATION

Name (First, Middle, Last) _____

Nickname or Alias _____ Gender Male Female

Nickname or Aliases _____

Home Address (Number & Street) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License Number (if applicable) _____

Date of Birth _____ Place of Birth _____

School _____ E-Mail Address _____

Please list any civic organizations that you are involved with:

Parent/Guardian Information

Name: _____ Phone Number _____

Address: _____

I hereby certify that all statements made in the application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of my application, removal, or dismissal from the program.

In consideration of the City allowing my volunteer participation, I do hereby agree to hold the City, its officers, agents and employees, free and clear of any liability for injuries or damages that may occur to my person or property while participating in the program.

I authorize and grant permission to the City of Garden Grove to, without charge, take and use video and/or photographs of me during and/or in connection with any activity arising from my involvement with the City and to publicize said photographs and/or video regarding City activities in publications, news releases, online, and in other City communications.

Attendee Printed Name Attendee Signature Date

Guardian Printed Name Guardian Signature Date