

# PLEASANTON POLICE TEEN ACADEMY

## WHEN

Tuesday/Wednesday/Thursday

July 5th—July 21st, 2016

2pm - 5pm\*

\*2 evening sessions for special events

## WHERE

Pleasanton Police Department

4833 Bernal Avenue, Pleasanton CA

FEATURING • Patrol • CSI • Traffic • K-9 • Santa Rita Jail • SWAT

[WWW.PLEASANTONPD.ORG](http://WWW.PLEASANTONPD.ORG)

## MUST

Live or go to  
school in  
Pleasanton

## MUST

Be between 14  
and 18 years  
old

## MUST

Complete  
the entire  
application to  
be considered

## MUST

Be ready to have  
a good time

## QUESTIONS?

Call (925) 931-5242



PLEASANTON POLICE DEPARTMENT  
TEEN ACADEMY 2016

Name: \_\_\_\_\_  
Last First Middle DOB

Address: \_\_\_\_\_ Sex: M F

City: \_\_\_\_\_ School: \_\_\_\_\_

Grade (This Fall): \_\_\_\_\_ Age: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

Phone Number (Applicant): \_\_\_\_\_ (Parent #): \_\_\_\_\_

E-mail Address (Applicant): \_\_\_\_\_

Email Address (Parent): \_\_\_\_\_

Briefly explain why you are interested in attending the Teen Citizens' Police Academy:

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Have you ever been arrested in any jurisdiction? (Circle One) Yes No

If yes, explain when, where and what the circumstances were:

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If accepted, will you be able to attend all of the sessions? \_\_\_\_\_

\*Note: There are two sessions in this course where we will meet off site. There are also two sessions which will meet in the evening. The Police Department is unable to provide transportation in these instances.

How did you hear about Teen Academy? \_\_\_\_\_

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**\*\*This document is double-sided. Please fill out completely to be considered**

Signature of Applicant:\_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Signing this form allows Pleasanton Police Department to conduct a limited background check for criminal history. \*\*\*

Signature of Parent:\_\_\_\_\_ Date:\_\_\_\_\_

\*\*\* This course may include light physical activity, exposure to simulated firearms and graphic subject matter. \*\*\*

In case of emergency, please provide the name and phone number of a parent or guardian we can contact:\_\_\_\_\_

Please return this form to:

By Mail:

Pleasanton Police Department  
Attn: Crime Prevention  
P.O. Box 909  
Pleasanton, CA 94566

In Person:

Pleasanton Police Department  
Attn: Shannon Revel-Whitaker  
4833 Bernal Avenue  
Pleasanton, CA 94566

By Email:

Shannon Revel-Whitaker at [SRevel-Whitaker@CityOfPleasantonCA.gov](mailto:SRevel-Whitaker@CityOfPleasantonCA.gov)



**PLEASANTON POLICE DEPARTMENT  
TEEN ACADEMY PROGRAM  
RELEASE OF LIABILITY**



In consideration for participation in the City of Pleasanton’s Teen Academy Program, I hereby agree to hold harmless and release the City of Pleasanton (including its city council, officers, and employees) from any and all liability, claims, losses, costs, damages, injuries to person or property (including death), and expenses (including attorneys’ fees) that may occur as a result of my participation in the Police Department’s Teen Academy program. This Release of Liability shall similarly bar my heirs, executors, administrators, or assigns from making any claims for damages or demands related to my participation in the Teen Academy Program.

I acknowledge that the Teen Academy Program provides training and activities that include a certain amount of risk; I voluntarily assume that risk when signing this Release of Liability. I acknowledge that the Teen Academy Program will involve training, activities, and risks that include but are not limited to:

Ride-a-longs with officers in the field and on patrol; travel to and from field trips, and off site locations; contact with the public, firearms handling, and SWAT scenarios; Police dog or K-9 training scenarios; physical fitness exercises.

I attest that I am physically fit and that I have sufficient knowledge about the dangers of police training exercises and my participation in the Teen Academy program. I understand that persons involved in Teen Academy Programs may be subject to personal injuries, such as, but not limited to, dog bites, broken bones, lacerations, eye and ear injuries, and personal property damages as a consequence thereof. Knowing these risks, I hereby agree to assume those risks and to release and hold harmless the City of Pleasanton, its City Council, officers, and employees, who through negligence or carelessness might otherwise be liable to me, my heirs, administrator, or assigns for damages.

**MY PARTICIPATION IN THE TEEN ACADEMY PROGRAM IS VOLUNTARY. I AGREE TO PARTICIPATE IN THE PROGRAM AT MY OWN RISK. Initial\_\_\_\_\_**

**I AGREE TO ACCEPT AND ABIDE BY THE RULES AND ORDERS GIVEN BY THE PLEASANTON POLICE PERSONNEL. Initial\_\_\_\_\_**

**I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE AND BY MY SIGNATURE ACKNOWLEDGES THIS UNDERSTANDING.**

\_\_\_\_\_  
*Participants Signature*

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

**I ATTEST I AM 18 YEARS OF AGE OR OLDER. IF NOT, MY PARENT HAS SIGNED BELOW.  
D.O.B.\_\_\_\_\_ Initial\_\_\_\_\_**

\_\_\_\_\_  
*Parent Signature*

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



# The City of Pleasanton Police Department

## PHOTOGRAPHY CONSENT AND MEDIA RELEASE FORM



I, \_\_\_\_\_, hereby grant permission to the Pleasanton Police Department, its employees or representatives, to take and use any and all **photographs/digital images, video/digital tape recordings, audio recordings**, of me for use in promotional, educational, or other materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

The indefinite use of these materials is authorized by me without compensation. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of the Pleasanton Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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### RELEASE FOR MINOR CHILDREN (Under 18 years)

I, \_\_\_\_\_, parent/guardian of

(Child's name) \_\_\_\_\_, hereby grant permission to the Pleasanton Police Department's employees or representatives, to take and use: **photographs/digital images, video/digital tape recordings, audio recordings, and/or quotations**, of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, web sites. In addition, I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the images.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of the Pleasanton Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip





# Alameda County Sheriff's Office Santa Rita Jail



## CONSENT FOR YOUTH PARTICIPATION

I hereby request and consent that my child or ward, \_\_\_\_\_ be  
permitted to participate in the Alameda County Sheriff's Office, Santa Rita Jail Tour. I understand  
the following:

- o The Alameda County Sheriff's Office will not provide transportation to and from the Santa Rita Jail Facility or its officials assume any liability by such accompaniment or transportation.
- o I agree that no official or Alameda County Sheriff's employee associated with the event will be held responsible for any injuries or damages occurring while my child is traveling to or from the event site or during participation at the event. I do hereby hold harmless and indemnify the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's travel to and from, attendance or participation in the event.
- o I hereby authorize any official of the event or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provisions of such emergency medical services.

The nature of this youth event has been reviewed with me and I hereby give my approval.

I further grant permission for \_\_\_\_\_ to appear in person or in voice,  
video or photographic presentation for radio, television, or print media reports and/or media  
campaign(s) resulting from participation in the event.

Participant Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_