



**York-Poquoson Sheriff's Office Citizen Academy for Youth (SCA for Youth)  
PROGRAM APPLICATION**



*Applications must be complete and signed.*

**Must be between the ages of 14 years old and 19 years of age at the start of the Academy.**

*Applicants must be either a resident of York County or the City of Poquoson or attend school in York County or City of the Poquoson*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City, State) (Zip)

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (if employed): \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size: S M L XL 2XL 3XL *(Circle One)* Email: \_\_\_\_\_

Known Allergies & Medications: \_\_\_\_\_

**PLEASE NOTE:** *A conviction includes a guilty plea, payment of a fine without court appearance, or a court conviction of a criminal or other offense.*

Have you ever been convicted of any felony? \_\_\_\_\_

Have you ever been arrested, convicted, or charged with any offense other than a minor traffic offense(s)? \_\_\_\_\_

If the answer to either of the previous two questions is "yes", please explain in detail including the date, charge, place, and action taken: \_\_\_\_\_

Names, addresses, emails and telephone numbers of two character references (please do not use immediate family members):  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_

How did you hear about the Sheriff's Office Citizen Academy for Youth, and why would you like to attend? \_\_\_\_\_

***I certify that the information that I have provided is the truth. I also understand that any attempt to deliberately mislead the course facilitators will result in the denial of my application request.***

\_\_\_\_\_  
 SCA for Youth Applicant Signature