# HAYWARD POLICE DEPARTMENT

## COMMUNITY YOUTH ACADEMY

# Application Form

***** Youth applicants must be between the Grades of 8-12 to apply.*****

**Name** _____
Last First Middle

**Address** _____
Number Street Apt. # City Zip

**Phone Numbers** _____ _____ _____
Home Cell Phone E-mail

**School** _____ **Grade Level** _____

**How did you hear about the program?**_____

**Emergency Contact(s)**

Name _____

Relationship _____

Phone Numbers _____
Home Work Cell Phone

Parent/Guardian: *I am the parent or legal guardian of the above listed child. I give my approval for him/her to attend the Citizens' Youth Academy program offered by the Hayward Police Department.*

_____ _____
Today's Date Signature of Parent/Legal Guardian

**Space is limited so interested applicants are encouraged to turn in completed applications as soon as possible.**
**Program starts Tuesday, March 28th.**

**Please drop off or mail completed application at**
**Hayward Police Department**
**Attn: Mary Fabian (Crime Prevention)**
**300 West Winton Avenue**
**Hayward, CA 94544**