



# PINELLAS SHERIFF'S TEEN CITIZENS ACADEMY



## 2018 Schedule

Dates	Registration Deadline
2/3 - 3/10	1/19
6/2 - 7/7	5/18
9/29 - 11/3	9/14

**For more information, contact the Community Programs Section at 727-582-6612 or e-mail [communityprograms@pcsonet.com](mailto:communityprograms@pcsonet.com).**

The Sheriff's Teen Citizens Academy is a 6-week program that allows Pinellas County teens the opportunity to take a behind-the-scenes look at the Pinellas County Sheriff's Office. The program is geared towards teens between the ages of 15 and 18 that have an interest in law enforcement, but not enough of an interest to commit to a long-term educational program or a law enforcement explorer program.

Attendees have the opportunity to learn the same Defensive Tactics we teach our deputies, be proficient with a Firearm, tour the Pinellas County Jail, and much more! The class is held on consecutive Saturday mornings from 9:00AM to 12:00PM with classes starting in February, June, and October. Applicants must be enrolled in an education program (including homeschool) and be willing to undergo a criminal history screening and background check.

The program covers the following areas of the agency:

**Meet The Sheriff  
Patrol Operations  
Defensive Tactics  
Special Operations**

**Forensics  
Firearms  
Jail Tour  
Vehicle Operations**





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## PROGRAM APPLICATION

PLEASE COMPLETE THE APPLICATION FORM AND EITHER:

1

### E-Mail

Communityprograms@pcsonet.com

OR

2

### Mail

Pinellas County Sheriff's Office  
Community Programs  
P.O. Drawer 2500  
Largo, FL 33779-2222

A criminal background check will be completed on all applicants. If you have any questions please call 727-582-6612.

## PERSONAL INFORMATION

**All information must be fully completed | Please Print Clearly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #(Optional\*): \_\_\_\_\_ Race: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Applicant's Driver License #: \_\_\_\_\_ DL State: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

\* Providing your SSN is optional, but failure to provide your SSN may result in a delay in processing your application or request. PCSO's request for your SSN is permitted by state law because it is imperative for the agency in the performance of its duties and responsibilities for purposes of criminal history and verification of your identity, pursuant to Sections 119.071(5) (a)2.a.II, F.S. If you provide your SSN, PCSO will use it for purposes of identification as described above.

## BACKGROUND WAIVER

You are hereby authorized to make any investigation into my personal history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_