

NCISO'S TEEN CITIZENS ACADEMY



PROGRAM APPLICATION

Please complete the application form and email it to: ni1468@nassauso.com

To the parents/legal guardian of (student name), please take note of the following:

A criminal background will be completed on all applicants. If you have any questions please call: 904-548-4020

ALL INFORMATION MUST BE FULLY COMPLETED

Last name, First name _____

Address: _____

Telephone number/s: _____

Email address: _____

Sex, DOB and Race: _____

Social Security Number:

School and grade level and shirt size: _____

Parent name and contact number:

Driver License #: _____

BACKGROUND WAIVER

I, _____ am allowing my child, _____ to join the Nassau County Sheriff's Office Teen Citizens Academy.

Signature of parent or guardian