



**LIST PERSON TO NOTIFY IN CASE OF EMERGENCY (To be used  
if parent(s)/guardian(s) can't be contacted) :**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*NUMBER STREET APT# CITY ZIP*

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

**CLOSEST RELATIVE NOT LIVING WITH YOU:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*NUMBER STREET APT# CITY ZIP*

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

**MEDICAL**

PHYSICIAN NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES? IF YES, PLEASE LIST:

\_\_\_\_\_

DO YOU TAKE ANY MEDICATIONS? \_\_\_\_\_

DO YOU WEAR GLASSES OR CONTACTS? YES \_\_\_ NO \_\_\_ WHICH? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL IMPAIRMENT? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**EDUCATION**

WHAT SCHOOL ARE YOU ATTENDING? \_\_\_\_\_

GRADE: \_\_\_\_\_

# TRANSPORTATION

**WILL YOU HAVE A FAMILY MEMBER DROP OFF/PICK YOU UP FROM YOUTH LEADERSHIP ACADEMY?**

YES \_\_\_\_\_ NO \_\_\_\_\_,

- **IF NO, HOW WILL YOU GET TO AND FROM THE ACADEMY?**

\_\_\_\_\_  
\_\_\_\_\_

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## HOBBIES AND INTERESTS

**HOBBIES AND INTERESTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT TO BE IN THE YOUTH LEADERSHIP ACADEMY?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT IS YOUR BIGGEST OBSTACLE IN REACHING YOUR GOALS?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ UNDERSTAND THAT ANY PORTION OF THIS  
*APPLICANT'S NAME (PRINT)*

**APPLICATION IS SUBJECT TO EXAMINATION BY THE LONG BEACH POLICE DEPARTMENT WITH MY CONSENT. I ACKNOWLEDGE ALL THE FOREGOING INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE FOR THE SOLE PURPOSE OF BECOMING A PARTICIPANT IN THE LONG BEACH POLICE YOUTH LEADERSHIP ACADEMY.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN SIGNATURE (If under 18)** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN NAME: (Please print)** \_\_\_\_\_