



**Los Angeles County Sheriff's Department
Temple Station**



**Rosemead Community Academy
Application**

NAME _____ DATE OF BIRTH _____

ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DL/ID CARD # _____ STATE _____ EXPIRES _____

PLACE OF BIRTH (CITY & STATE) _____

EMERGENCY CONTACT _____

HAVE YOU EVER BEEN ARRESTED OR HAD PROBLEMS WITH LAW ENFORCEMENT. IF YES, PLEASE EXPLAIN:

PLEASE EXPLAIN YOUR REASONS FOR APPLYING TO THIS ACADEMY; ALSO DESCRIBE WHAT YOU EXPECT TO LEARN FROM THIS PROGRAM:

ANY FALSE STATEMENTS, EITHER VERBAL OR WRITTEN, MAY CAUSE THE APPLICANTS' NAME TO BE REMOVED FROM THE ELIGIBLE LIST. ANY DISRUPTIVE BEHAVIOR BY A PARTICIPANT MAY RESULT IN REMOVAL FROM THE PROGRAM. VIDEO OR AUDIO RECORDING DURING CLASS IS STRICTLY PROHIBITED. I HEREBY AUTHORIZE THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT TO INITIATE A RECORDS CHECK PRIOR TO MY ACCEPTANCE AS A COMMUNITY ACADEMY PARTICIPANT.

SIGNATURE _____ DATE _____

Return application to Public Safety Center or via email:
Attn: Mandy Wong, Public Safety Supervisor
8301 E. Garvey Ave., Rosemead, CA 91770
mwong@cityofrosemead.org