



**SAN JOAQUIN COUNTY YOUTH LEADERSHIP ACADEMY
2026 Participant Application**

PERSONAL INFORMATION:

PLEASE DOUBLE CHECK THAT YOUR CONTACT INFORMATION HAS BEEN ENTERED CORRECTLY

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ (City) _____ (Zip) _____

Home Phone () _____ Cell: () _____ Birthdate: ____ / ____ / ____ Present Grade: _____

Name of School: _____ (City) _____ (Zip) _____

In Case of Emergency Contact: _____ Phone No. () _____

Email address: _____ (All notifications will be sent via email)

ATTENDANCE CLAUSE: Students who attend the Youth Leadership Academy receive community service hours upon completion of the three-week Summer Program. Unexcused absences will not be tolerated and may result in the dismissal of the student from the program. **Seats are limited** and the vacancy will be promptly filled by a waitlisted student.

DRESS CODE: Please note, students must come appropriately dressed for sessions. Due to the nature of the content of the course, the potential field trips, and exposure to high-ranking law enforcement and government officials, no pajamas, spaghetti straps, shorts, or crop-tops will be allowed. Closed-toed shoes are preferred but not required. Youth Leadership Academy students are a reflection of the District Attorney's Office to other collaborating agencies and government organizations.

PHONE POLICY: Students are not to be on their phones during class time, please contact the leaders on the emergency contact list in your YLA binder.

Student Signature Date: _____ Cell Phone: _____

Because this event can contain graphic information, the signature of a parent or guardian will be required.

TO BE COMPLETED BY PARENT(S) OR GUARDIAN:

I understand that my child will be viewing and hearing content that may be of a graphic nature. The content may include profanity and photos depicting crime scenes, accident scenes, and similar content.

I agree that my child will be available to attend Monday through Friday, by 8:15 am -Noon, June 8- June 26, 2026. If my child is selected for the program, I agree to complete the necessary permission forms and return to YLA.

Parent/ Guardian Signature Date: _____ Cell Phone: _____

Please fill out and email this fully completed application to YLA@sjcda.org or send via mail to San Joaquin County District Attorney's Office, ATTN: YLA, 222 E. Weber Ave., Stockton, CA 95202 no later than April 24th, 2026.