



# Multi-Cultural Community Council

★ To Yolo County DA Jeff Reisig

Please complete EVERY question

Deliver to 301 Second Street Woodland, CA 95695 - LAURA VALDES

OR email scanned document to [Laura.valdes@yolocounty.gov](mailto:Laura.valdes@yolocounty.gov)

**Application is due by Wednesday, January 7, 2026- NO EXEPTIONS**

APPLICANT IDENTIFYING INFORMATION (Please print or type)

Name (Last, First, Middle)		Date:
/ /		
Address	City	Zip Code
Telephone	Cell phone	Email
( )	( )	
Sex	Date of Birth	Race/Ethnicity
	/ /	
Name of School/Grade	How Long Have You Lived in Yolo County?	
	Years:	Months:

Parent #1 Name (Last, First, Middle)	(Circle) Mom/Dad/Step-Mom/Step-Dad/Guardian	
Address	City	Zip Code
Telephone	Mobile Phone	Email
( )	( )	

Parent #2 Name (Last, First, Middle)	(Circle) Mom/Dad/Step-Mom/Step-Dad/Guardian	
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<b>Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Telephone</b>	<b>Mobile Phone</b>	<b>Email</b>

<b>Emergency Contact (Non-Parent)</b>	<b>Mobile Phone</b>	<b>Email</b>
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1. **Civic Activities:** Please include any present or past membership on City or County committees, or participation in the activities of community groups or organizations.

2. **Your Interest: Why are you interested in the Youth Academy?** Please include what you would like to learn from the Academy. Please also include any special interests you believe are important.

3. **How did you find out about this Youth Academy?** Please include any organizations or individual who nominated you to participate in this Academy.

**\*You can attach any additional pages if you do not have enough room for each question.**

## Class Attendance

The Youth Academy is an accelerated program with a full agenda each class section. Missing more than one class will result in a significant gap in the education process of the academy. Signing in and out – is required. I understand that participants absent more than one day will not receive a certificate of completion.

Behavior and attitude is key. Please bring your best!

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Print Full Name Here (Applicant)

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Signature of Applicant

Date

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Signature of Parent/Guardian #1

Print Full Name (Parent/Guardian #1)

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Signature of Parent/Guardian #2

Print Full Name (Parent/Guardian #2)

301 Second Street – Woodland, CA 95695 District Attorney Office:  
(530) 666-8180  
Yolo County Office of Education Office: (530) 666-8185