



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT
District Attorney

Stephen J. Grippi
Chief Deputy

Michael A. Neves
Assistant District Attorney

2019 Crime Lab Youth Shadow Day Registration Form

Registration deadline is July 8, 2019

**Accepted on first come, first served basis, limited to 60 students per session.
Seniors receive priority**

To apply, please fill out the information below and mail it with a signed permission slip from your parent/guardian:

Name: _____ DOB: _____

Address: _____

Email Address: _____

Phone: _____ School: _____ Grade: _____

Gender: _____ Female _____ Male

Parent/Guardian: _____

Parent/Guardian Phone: _____ Email: _____

Prior participation in one of our Youth Programs? If so, which one: _____

How did you learn about our Crime Lab Youth Shadow Day? _____

Two dates to choose from July 19, 2019 and July 26, 2019

Date Selected: Friday, July 19, 2019 or Friday, July 26, 2019

On a separate sheet of paper please write a paragraph answering the following question:

1. Why do you want to participate in the Crime Lab Shadow Day? _____

Applications and original permission slips should be mailed to:

Deborah Hamm
Sacramento County District Attorney's Office
901 G Street
Sacramento, CA 95814



Questions or scanned applications can be sent to Deborah Hamm at youthprograms@sacda.org or 916-874-1684.



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CODE OF CONDUCT

Participants of the Crime Lab Youth Shadow Day are expected to:

- Wear appropriate attire with comfortable shoes
- Follow instructions given.
- Be respectful of all District Attorney personnel, guest speakers, and fellow students.

The following attire is NOT PERMITTED:

- Caps/Hats
- Miniskirts
- Open toe shoes/sandals
- Saggy Pants
- Short Skirts
- Shorts
- Tank Tops

Due to safety constraints, if any of these items are worn you will not be allowed to participate.

NO bringing in a lot of items such as backpacks, books, binders, or large purses etc.

***Failure to follow the established guidelines may result in your dismissal from the program.**

I, _____, agree to participate in the Criminal
PRINT STUDENT NAME

Crime Lab Youth Shadow Day and adhere to the above mentioned guidelines.

STUDENT SIGNATURE

DATE