

Youth Council Application

NAME: _____

AGE: _____

GRADE: _____

SCHOOL NAME: _____

E-MAIL ADDRESS (must be regularly-checked): _____

PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN CONTACT INFORMATION: _____

ARE YOU INTERESTED IN ANY OF THE FOLLOWING (check one or more):

- LEADERSHIP
- CRIMINAL JUSTICE
- GOVERNMENT/POLITICS
- SOCIAL JUSTICE/CIVIL RIGHTS
- PUBLIC SERVICE
- COMMUNITY IMPROVEMENT
- YOUTH ISSUES
- LAW ENFORCEMENT
- LEGAL STUDIES

WHY DO YOU THINK IT IS IMPORTANT FOR YOUTH TO HAVE A VOICE IN THE SHAPING AND IMPROVING THE CRIMINAL JUSTICE SYSTEM?

WHAT ISSUES ARE IMPORTANT FOR LAW ENFORCEMENT TO ADDRESS AMONG THE YOUTH?

IF SELECTED, WHAT QUALITIES WOULD YOU BRING TO THE DISTRICT ATTORNEY YOUTH COUNCIL?
