



Youth Advisory Council APPLICATION

Please complete this form and email it to youthadvisorycouncil@leoncountyfl.gov or mail it to LCSO Youth Advisory Council PO BOX 727 Tallahassee, FL 32302 by **June 30**. Applications must be received by this date for consideration.

Applicant Name:		DOB:	
Address:			
Primary Phone:		Secondary Phone:	
Email Address:			

School Type:	Public	Private	Homeschool	Other
Name of School:				
Current Grade Level:		Projected Graduation Date:		

Short Answer (150-300 words): 1) Explain why you would like to be a member of the Youth Advisory Council; 2) What you hope to gain from being a part of the Youth Advisory Council, and 3) Why you feel it is important to have a Youth Advisory Council.

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Short Answer (150-300 words): Describe 1) One issue of importance in the county; 2) Why you are passionate about that issue, and 3) How you could address this issue if you were selected to join the Youth Advisory Council.

Attachments: Resume (one page) **-OR-**
 Biography (up to 350 words double spaced 12 pt. font) **-AND-**
 Letter of recommendation from School Admin or School Resource Deputy



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Commitment:

By signing below and if selected, I understand that I am committing to active involvement in the Youth Advisory Council. I am committing to participating in all council meetings and activities.

Media Release:

I hereby grant the Leon County Sheriff's Office the right to obtain and/or use my photograph, digitalized image, video, and/or voice recording.

I understand that such media and all subsequent uses of that media, including publications, presentations, web sites, videos, multimedia productions, and social media posts, become the property of the Leon County Sheriff's Office and may be disseminated to the public via appropriate media channels. The Leon County Sheriff's Office shall be the sole owner of all have rights, title, and interest in and to the photographs and recording hereunder, and no one, including myself, shall have any right of action against the Leon County Sheriff's Office or any other party arising out of existence or any use of the photographs or recordings, regardless of the cause of action that may exist or be alleged.

I certify that everything written in this application is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

FOR PARENT OR GUARDIAN IF APPLICANT IS UNDER 18:

I have reviewed this application and I authorize my daughter/son/legal dependent to apply to the Youth Advisory Council.

I hereby grant the Leon County Sheriff's Office the right to obtain and/or use my child's/legal dependent's photograph, digitalized image, video, and/or voice recording.

Parent/Guardian: _____ Date: _____

Signature: _____ Phone: _____

Email Address: _____

All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, mental or physical disability, genetic information, veteran status, political affiliation, or any other status protected by federal or state law.



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To be completed by School Administration or School Resource Deputy

It is my pleasure to recommend _____ for the Leon County Sheriff's Office Youth Advisory Council as a representative for _____ School. I am the _____ and have had the pleasure of working with/knowing _____ for the past _____ year(s). _____ has excellent character and demonstrates strong leadership qualities.

Please share any other comments/observations about the applicant:

Name: _____ Date: _____
Signature: _____ Phone: _____
Email Address: _____