



Minority Youth Advisory Council

APPLICATION

Application must be **DOWNLOADED** and saved prior to being sent via email.

Complete this form and email it to p93466@aacounty.org by November 13, 2020

Applicant Name		Today's Date	
Address			
Phone Number			
Email Address			
Age			
School			
Grade			

Biography (150-300 words): *Tell us a little about yourself*

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Short Answer (150-500 words): *If you could sit down with an officer or local criminal justice leader, what would you want him/her to know? What would you say? What questions would you ask?*

Short Answer (150-300 words): *What aspects of policing/criminal justice/government/available resources would you like to learn more about? (Ex. impact of mental health, law enforcement training, etc.).*

Short Answer (150-300 words): *How can you see yourself collaborating with officers and community leaders now (and in the future) to better the community? Please include any ideas for programs, projects, conversations, etc.*

FOR PARENT OR GUARDIAN

I have reviewed this application and I authorize my daughter/son/legal dependent to apply to the Anne Arundel County Police Department's Minority Youth Advisory Council.

Name: _____

Relationship to Applicant: _____

Signature: _____ Date: _____