

**APPLICATION FOR OHIO STUDENT SAFETY ADVISORY COUNCIL**

**Applications are due by May 6, 2022 11:59 p.m.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applicants are required to have a sponsor from their school. This could be a teacher, administrator, school counselor, school resource officer, or other school staff. Please include a recommendation letter from the sponsor with your application.

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship of sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a separate page answering all the questions below. Each answer should not exceed 250 words.

1. How do you define school safety?
2. Please describe a time where school safety has personally impacted your life.
3. Why are you interested in serving on the Ohio Student Safety Advisory Council?
4. How would this experience help your school or community?