

**Wisconsin Department of Justice Office of School Safety
Student Advisory Committee Application**

Thank you for your interest in serving on the Office of School Safety (OSS) Student Advisory Committee. The OSS promotes model school safety initiatives for all Wisconsin schools. To ensure that our work is effective, and meets the needs of youth, we need your voice. We welcome you to share your unique perspectives about makes schools safe, and to give feedback on our initiatives. Student advisory team members will represent high school students from across Wisconsin, serving year-long terms from October to May, meeting virtually three times during the school year. The Wisconsin Department of Justice is committed to diversity, equity, and inclusion, and will select a representative and diverse group of students from a wide variety of backgrounds to sit on the committee.

QUALIFICATIONS: Applicants must be currently enrolled as a high school student in a school in the State of Wisconsin.

INSTRUCTIONS: For your application, we ask that you fill out a section with your demographic information and answer three short essay questions. This completed application must be emailed to the Office of School Safety at schoolsafety@doj.state.wi.us by October 28, 2022.

I. Personal Information

First name:

Last name:

Pronouns (i.e., she, her, hers/ he, him, his/ they, them, etc.):

Age:

Race/Ethnicity:

Black or African American

Asian

- South Asian
- Latino
- Native American/Indigenous
- Middle Eastern
- Pacific Islander
- White
- Choose not to respond

II. School Information

School name:

School district:

School type (Check one):

- Public
- Private
- Charter
- Tribal

School address:

City:

Zip code:

Grade in school:

GPA:

(Note: you will not be excluded based on your GPA)

III. Accessibility/Accommodations **(You will NOT be excluded from the council based on your answers.)**

1. Are you able to attend meetings during school hours?

2. Do you need any accommodations to participate in the advisory council?

IV. Essay Questions

1. Why do you want to participate in the OSS Student Advisory Council? (300 words max)
2. What issues facing K-12 students are you passionate about? (300 words max)
3. We strive to include students that represent diverse groups within a school. Which groups do you feel you would best represent as an OSS Student Advisor? (300 words max)

V. Permissions

Complete the following question if you/your student is under the age of 18.

I, parent or guardian of _____ understand the commitment and responsibilities associated with being selected as an advisor and give my student permission to accept and participate.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____