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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 feeling safe at school, 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 provide the requested demographic and school information, and answer three short essay questions. This completed application must be emailed to the Office of School Safety at schoolsafety@wisdoj.gov by October 1, 2026.

Personal Information

First Name:
Last Name:
Pronouns (i.e., she, her, hers/ he, him, his/ they, them, etc.):
Preferred email address:
Age:
Race/ethnicity (select all that apply):

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

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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*):

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

Do you need any accommodations to participate on the Advisory Committee?

Would you prefer to attend meetings before school, during the school day, or after school/evening?

Is there anything else you would like us to know about your availability before we schedule meetings? *(For example, do you have a standing conflict on a particular weekday that would make it difficult to participate in an advisory meeting?)*

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Essay Questions

Why do you want to participate on the OSS Advisory Committee? (300 words max)

What issues facing K-12 students are you passionate about (300 words max)

We strive to include students who represent diverse experiences and groups within a school. Which groups do you feel you would best represent as an OSS Student Advisor? (300 words max)

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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: _____

Some student advisors have requested a group contact list to share ideas and resources with each other and connect outside of our structured meetings. If you would like to opt in to a contact list of fellow student advisory members, please provide the contact information you would like shared with your peers in this group such as last name, email address, phone number, or social media handle.