



## **Youth Advisory Council - New Member Application**

Thank you for your interest in the Denver District Attorney's Office Youth Advisory Council. The council is a group of engaged, dedicated, and diverse young people ages 11-18 who are committed to helping young people make good choices and not ending up in the criminal justice cycle. The Council will work with the District Attorney to gather community concerns, generate ideas for improvement, and discuss the role of the District Attorney's office. Applications are accepted and reviewed continuously and selected applicants are put on a waiting list for the next available position.

To qualify for the Youth Advisory council you must be:

- 11-18 years old
- currently enrolled in middle or high school and maintain passing grades
- committed to attending monthly meetings and events
- willing to abide by the rules and regulations of the workplace and the Council (see Code of Conduct below)
- ready to make a difference in your community and come with creative ideas and enthusiasm

### **CODE OF CONDUCT**

Your wellbeing and safety are of the utmost importance. To ensure the wellbeing and safety of everyone, please read and abide by this code of conduct.

#### **Respect**

I agree to respect my environment, others, and myself. I will refrain from any activity that would put the group or me in danger either physically, mentally, or emotionally.

#### **Participation**

I agree to participate and attend all scheduled activities to the extent possible. I will support the group by being on time and prepared.

#### **Responsibility**

I agree it is my responsibility to make the necessary time to prepare for all meetings and events.

#### **Behavior**

I understand that as a member of the Youth Advisory Council, I must model the mission and message of District Attorney's office. I will not bring or use tobacco, alcohol, or drugs at any time during council meetings. I will act appropriately during the meetings and scheduled events.



**Applicant Information - Please Print**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_

**Parent or Guardian Information - Please Print**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

## **Applicant's Statement**

Describe briefly why you want to be a member of the Youth Advisory Council

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List some of the problems you see in your community regarding criminal justice.

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What do you see as possible solutions to the issues young people face in your community?

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What are some goals you would like for the youth Advisory Council?

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I hereby certify that all information in this application is true and correct. I agree to attend the training, meetings, and work to advance the goals of the Denver District Attorney Youth Leadership Council.

Signature of Applicant and Date:

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If you are under the age of 18, please have a parent or guardian sign below.

I hereby give permission for the above names applicant to participate in the Denver District Attorney Youth Advisory Council

Signature of Parent or Guardian and Date:

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**PARTICIPANT CONSENT FORM**

I, \_\_\_\_\_, understand the responsibilities of my involvement in the Youth Advisory Council. In return for the opportunity to participate in the program, I hereby exempt and release the City & County of Denver, its officers, director, employees, volunteers, and agents from any and all liability, claims, demands, or actions whatsoever arising out of any damage, loss, or injury resulting from my participation in the program. I further understand that my participation in this program is voluntary.

I also hereby consent to the use of my name and/or picture by the City & County of Denver, any of their subsidiaries, affiliated companies, and licensees for the purpose of generating awareness, understanding, and support of the work of the Youth Advisory council.

I waive any inspection or approval of the finished materials and release the above mentioned from any liability for claim of alteration, optical illusion, or faulty mechanical production.

Print Name: \_\_\_\_\_

Signature of Applicant/Participant and Date:

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Parent or Guardian Signature and Date:

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Please complete application and send to:

Denver District Attorney's Office  
Attn: Chief Deputy District Attorney Michael Song, Youth Advisory Council  
201 W. Colfax, 8th floor  
Denver, Colorado 80202

Or email to [michael.song@denverda.org](mailto:michael.song@denverda.org)