

**MONTGOMERY COUNTY, MARYLAND  
DEPARTMENT OF POLICE  
POLICE SERVICES BUREAU**

**Wheaton Youth Advisory Board Application Form**

**Youth Advisory Board**

The Youth Advisory Board is designed to provide high school youth with an engaging environment to interact with members of the Montgomery County Police Department Wheaton District. The primary function is to promote trust and understanding between the police and youth.

**Eligibility Requirements**

- Must be 14 to 20 years of age
- If under 18, parental/guardian approval must be obtained
- Must be enrolled in one of the high schools listed below\*
- Applicant must have a sincere interest in working with law enforcement
- Applicant must maintain a GPA of 2.0 or better while participating in the program
- The applicant must be of good character and possess good moral habits
- The applicant must be and remain drug and alcohol free
- The applicant must pass a background check

***\*\*\*Applicant's driving record will be considered.***

**Board Member Commitments**

- Maintain membership for at least one year
- Attend Youth Advisory Board in person or virtual meetings
- Complete monthly assignments related to the issues/ concerns pertaining to the youth
- Represent the youth from your school and county
- Seek out, listen to, and respect the opinion and experience of others
- Collaborate with other students and members of the Montgomery County Police Department

**Youth Statement of Understanding**

If selected, I agree to be active in the Wheaton Youth Advisory Board, understanding both the expectations and time commitment.

Expectations and responsibilities include the following:

- ✓ **Attending virtual and/ or in person meetings twice a month**
- ✓ **Completing tasks and tasks as assigned**

- ✓ **Representing my school in a positive and professional manner**
- ✓ **Doing my part to open the lines of communication between the youth in the community and the Montgomery County Police Department**

**I understand that this is an application and not a guarantee of my selection for participation.**

**I also understand if any part of this application is deemed to be a deliberate falsification, my application will automatically be rejected.**

**Directions for Completing the Application:**

- Please complete all blanks. If an item does not apply, write "N/A".
- Give complete information, including your full first, middle, and last name. Do not use abbreviations or nicknames.
- Be sure you and your parents sign all the forms in the appropriate places.
- Intentional withholding of information or falsification of information on this application will result in immediate denial of acceptance.
- All waivers must be signed by the applicant and his/her/their parent/guardian as well as notarized where indicated.

Applications may be mailed, e-mailed or dropped off in person to the address below:

Montgomery County Police  
Wheaton Youth Advisory Board  
C/O SGT. I. Enendu  
2300 Randolph Road  
Wheaton, MD 20902

If you have any questions or concerns, please contact: Sergeant Enendu at 240-773-5581 or [ijeoma.enendu@montgomerycountymd.gov](mailto:ijeoma.enendu@montgomerycountymd.gov)

**\*Qualifying High Schools:**

- **Albert Einstein High School**
- **Good Counsel High School**
- **James Hubert Blake High School**
- **John F. Kennedy High School**
- **Northwood High School**
- **Sherwood High School**
- **Wheaton High School**

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**Wheaton Youth Advisory Board Application Form**

Term: Year: 20\_\_\_\_

**PART I**

**CONTACT INFORMATION:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Age: \_\_\_\_\_ SEX:  M  F

SOCIAL SECURITY NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME \_\_\_\_\_ CELLULAR \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**CITIZENSHIP:**

Are you a United States Citizen?  Yes  No

If you are not a United States Citizen, do you have a valid Green Card?  Yes  No

If Yes, please attach a copy of your Green Card and complete the section below:

Country of Birth \_\_\_\_\_ A # \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Expiration Date (MM/DD/YY) \_\_\_\_\_

**PARENT/GUARDIAN'S INFORMATION:**

RELATIONSHIP \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

**In Case of Emergency:**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMERGENCY PERSON'S EMAIL ADDRESS \_\_\_\_\_

**EDUCATION:**

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ CURRENT GRADE POINT AVERAGE \_\_\_\_\_

LIST ALL ORGANIZATIONAL MEMBERSHIPS \_\_\_\_\_

LIST AWARDS, HONORS AND CERTIFICATES RECEIVED \_\_\_\_\_

Have you previously applied as a Civilian, Volunteer, Intern, Cadet, Explorer or any other position with MCPD?  No  Yes

If yes, please note position, date applied and status:

\_\_\_\_\_  
\_\_\_\_\_

Were you referred by anyone who works in the MCPD? If so, whom and what is your relationship?

\_\_\_\_\_

Have you ever been adjudicated as a delinquent or convicted of a crime? \_\_\_\_\_

If so, explain: \_\_\_\_\_

\_\_\_\_\_

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Are you on probation? \_\_\_\_\_

If so, explain: \_\_\_\_\_

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Have you ever been or are you currently a suspect, or have you been questioned about a crime? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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Investigating Officer's Name: \_\_\_\_\_

**REFERENCES:**

**SCHOOL REFERENCE:**

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PERSONAL REFERENCE**

This person should not be a relative or significant other.

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Montgomery County Police  
Wheaton Youth Advisory Board  
Acknowledgement, Waiver and Release**

**Section I. Release of Information and Statement of Consent**

All Montgomery County Police Department applicants will be subjected to a background check. The following is a list of the offenses, which may disqualify you from participating in this program:

- Felony Offenses
- Weapons Offenses
- Assault Offenses
- Drug offenses within the last three (3) years

All decisions regarding admissions are at the discretion of the **Program Director**. **All decisions are FINAL.**

I, \_\_\_\_\_ do hereby consent to the background investigation and authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Montgomery County, Maryland, Department of Police, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that all information will be kept confidential. I also understand that should any statement I have made prove to be false, misleading, or erroneous, it may result in rejection of my application or discharge from the program.

Your printed Name: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Montgomery County Police  
Wheaton Youth Advisory Board  
Acknowledgement, Waiver and Release**

**Section II. General Release/ Waiver**

***The undersigned, not being a member, employee, or agent of the Montgomery County Police Department (MCPD), has made an application to serve in a volunteer capacity of the Wheaton Youth Advisory Board. Nothing should be construed as creating a relationship of employer and employee between the volunteer and the MCPD. The undersigned waives any claim for compensation for services performed while participating as a volunteer on the Wheaton Youth Advisory Board.***

***MCPD is making available to the undersigned the necessary personnel and the use of its offices and other facilities for the aforementioned purpose. The undersigned, hereby agrees to and knowingly hereby assumes all risks arising in the course of said activity.***

I do hereby, for myself, my executors, administrators, and assigns, release and forever discharge Montgomery County, Maryland and all of it's officers, agents and employees, acting officially or otherwise, from any and all claims whatsoever, demands, actions, or cause of action on account of my death or injury on account of any injury to me and my property which may occur from any cause whatsoever during the period which I will spend in Montgomery County Police Department buildings and vehicles and elsewhere in any facility or place or while participating in a ride-a-long program, in which I am participating entirely voluntarily upon my own initiative, risk and responsibility and with full knowledge that during my presence, I can expect to be in close proximity to certain emergency situations which are part of general police activities. I covenant not to sue Montgomery County, the Montgomery County Police Department or any of its employees, its officers or agents with my participation in the program.

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Applicant's Signature/ Date

**To be completed by the parent/guardian of the applicant if the applicant is under 18 years of age:**

In witness whereof, I have hereunto knowingly and voluntarily signed this release after reading it carefully and by signing this release I declare that I am the parent or guardian of the minor indicated herein and as said parent or guardian, I give my consent for said minor to participate in the Wheaton Youth Advisory Board, including the ride-a-long program organized by the director of the advisory board and/or his/her designee.

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Parent/ Guardian Signature/ Date

STATE OF MARYLAND )

ss:

COUNTY OF MONTGOMERY

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ Before me, a Notary Public, in and for the aforesaid State and County, Personally appeared

\_\_\_\_\_.

Known to me (or satisfactorily proven) to be the person(s) whose name subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public, Maryland  
My commission expires: \_\_\_\_\_