



# Citizen Advisory Council

For Black Hawk County Inmates  
& the Community

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## Application

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

To ensure that the Citizen Advisory Council membership reflects the diverse socioeconomic, ethnic, professional, demographic and geographic distribution of Black Hawk County residents, please provide the following information.

*Note: Providing age, gender, and ethnic group information is voluntary.*

Age	Gender	Ethnic Group
18–25 _____	Male _____	African American _____
26–35 _____	Female _____	Hispanic _____
36–49 _____		Asian / Pacific Islander _____
50+ _____		American Indian / Native Alaskan _____
		Caucasian _____
		Other _____

List community activities, organizations, services, etcetera that demonstrate your interest in public affairs and service. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

