TEEN COURT VOLUNTEER APPLICATION / INFORMATION SHEET

Please fill out all of the information completely. Please Print Legibly.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Second Phone: _____

Email: _____

Email is the primary way in which Teen Court communicates with volunteers. Please print your email address legibly.

Age: _____ Date of Birth: _____School: _____ Grade/Graduation Yr:_____

Current GPA: _____ Other Activities (Sports, Music, Etc...)_____

Emergency Contact Information:

Name: _____ Phone: _____

How did you hear about Teen Court? _____

Have you ever participated in a Teen Court program before? If so when?_____

_____

What role (juror, attorney, bailiff, etc.) would you like? _____

Are you volunteering service hours of any kind (NHS, court ordered, etc.)? _____

Do you speak a second language? If so what language? _____

Have you ever been in trouble with the law? Yes____ No____

If so when and what was the reason? _____

_____

Office Use Only
Date of Volunteer Training: _____

Curry County Teen Court
RULES OF CONDUCT

If you violate these rules you will be dismissed from the Teen Court program!!
By initialing after each sentence you to indicate that you understand each rule and agree to abide by that rule.

- ✓ You may not disclose the name of any Teen Court defendant to any person who is not a participant in the defendant's trial. ____
- ✓ Must agree to a 4 month term of service upon acceptance into the program.____
- ✓ You must obey all the orders of the Judge and the Teen Court Staff.
- ✓ No firearms or knives allowed in the Courthouse. ____
- ✓ No smoking is allowed in the Courthouse. ____
- ✓ No gum or tobacco chewing, eating or drinking are allowed in the Courthouse. ____
- ✓ You must dress appropriately for all court appearances. ____
- ✓ You must appear on time for all court appearances (4:45 p.m.). ____
- ✓ If you move, change phone numbers or schools, you must notify the Teen court office. ____
- ✓ You must be respectful to the Judge and all Teen Court participants in and out of the courtroom. ____
- ✓ You may not engage in violent, profane or unreasonably loud or otherwise disorderly conduct that tends to disrupt the decorum of the court. ____
- ✓ You may not retaliate against or attempt to intimidate any person who has served as a Teen Court attorney or jury member. ____
- ✓ There is zero tolerance on absences from jury duty. You must be at every Teen Court to perform your duty service. If there is an emergency, you **must** call in before court.
- ✓ You must sign-in for each jury night to get credit for your service. ____

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY ALL THE RULES OF CONDUCT.

_____ _____

Parent or Legal Guardian Signature Volunteer Participant Signature

_____

Date

PHOTO RELEASE
NOTICE OF PUBLICATION OF PICTURES

Pictures will/may be in the local newspaper, Internet website etc. Pictures; will be taken during Teen Court Sessions, during Teen Court Classes, and /or at Community projects. All pictures will be used for recruitment and informational purposes only, your teen will not be singled out or identified as a defendant in any picture. All teens will simply be participants in the Teen Court Program.

I hereby authorize Curry County Teen Court to take pictures of my child; during any/all activities for use in publications as needed.

_____ _____

Participant Signature Date

_____ _____

Parent or Legal Guardian Signature Date

CONFIDENTIALITY AGREEMENT

I, _____, a participant in the Curry County Teen Court program, understand and acknowledged the information presented in the cases before Teen Court, including the identities of the defendants, the specific facts of the case, and any specific information about the deliberations of a jury, are strictly confidential, and that I am restricted and forbidden to disclose said information to any party other than the Teen Court Judge or Coordinator.

Further, I agree that I will not disclose any information presented in the cases before Teen Court, including the identities of the defendants, the specific facts of the case, and any specific information about the deliberations of a jury to anyone but the Teen Court Judge or Coordinator. I also agree to immediately notify the Teen Court Judge or Coordinator if at any time I come upon information that a participant in Teen Court may cause harm to him/herself or others.

I understand that this Confidentiality Agreement applies to information I have received in the past, present, and in future involvement in Teen Court. I further understand that failure to abide by this Confidentiality Agreement is grounds for immediate dismissal from the program and I may be subject to further consequences as provided for by law. I also understand that this Agreement is binding and remains in full effect even if I discontinue participation in Teen Court.

_____

Participate Name

_____ _____

Participant Signature Date

LIABILITY RELEASE FOR COMMUNITY SERVICE

It is understood and agreed that the Youth, mentioned below will perform solely as an individual on a voluntary basis and not: as an employee, contractor or agent of Curry County, Teen Court Coordinator, Teen Court employees and volunteers, or officials or persons for whom community service is to be provided and will not receive any benefits or compensation except as specifically provided for in this agreement.

It is further agreed that the undersigned, do hereby compromise and forever release, acquit, discharge, indemnify, and covenant to hold harmless: the Teen Court Board of Directors, Teen Court Coordinator, all Teen Court employees and volunteers, the City of Clovis, its employees and officials, and any persons for whom community service is performed. Of and from any and all actions; causes of action, claims, liability, demands, damages, costs, loss of service, medical expense and compensation, on account of, or in any way growing out of any and all known and unknown personal injuries, property damage, or any other type of damage, which the undersigned may hereinafter have, individually and/or as parent or guardian or custodian of said minor without limit and without regard to the cause or causes thereof, or the negligence of any party or parties. Including the negligence of: the City of Clovis, its officers, and employees, the Teen Court Board of Directors, Teen Court Coordinator, and all Teen Court employees and volunteers and any persons for whom community service is or has been performed. Whether such negligence be sole, joint or concurrent, for injury to or death of any person or damage to any property, arising out of or in connection with the participation of the youth in the Curry County Teen Court Program.

In making this agreement, we rely wholly upon our own judgment, belief and knowledge and have not been influenced to any extent whatsoever by any representation or statement not contained in this agreement.

MEDICAL RELEASE

We/I hereby authorize Teen Court Staff, to act as agent for the undersigned to consent to medical/surgical treatment or hospital care which is deemed advisable by a physician or surgeon on an emergency basis only.

_____ _____

Date of Last Tetanus Shot Name of Family Physician

_____ Medicaid Eligible YES NO

Name of Insurance Co.

_____ _____

Participant Signature Parent/Guardian Signature

_____ _____

Date Date