

TEEN COURT
VOLUNTEER APPLICATION FORM
CONFIDENTIAL INFORMATION

NAME _____ SEX ___ AGE ___ DATE OF BIRTH _____
ADDRESS _____ CITY _____ ZIP _____
TELEPHONE NO. _____ EMER. PHONE _____
PARENT/GUARDIAN NAME _____
SCHOOL YOU ATTEND _____ GRADE _____
TEACHER REFERENCE _____ PHONE _____

WHAT QUALITIES DO YOU HAVE THAT WOULD MAKE YOU A GOOD TEEN VOLUNTEER?

ACTIVITIES YOU ARE INVOLVED IN: _____

HAVE YOU EVER BEEN IN TROUBLE WITH THE LAW? IF SO, PLEASE EXPLAIN _____

MOST INTERESTED IN THESE COURT POSITIONS (CHECK AS MANY AS APPLY)

DEFENSE ATTORNEY PROSECUTING ATTORNEY BAILIFF
 JUDGE ANY/ALL POSITIONS

I understand I may be called upon at any time to serve on Teen Court. I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings. I understand I will be removed from the Teen Court Program if I neglect my responsibility or breach the oath of confidentiality.

Volunteer signature

Date

I agree to allow my daughter/son to participate as a Teen Court volunteer. I understand that we, as a parent(s)/guardian(s) are invited to attend the Teen Court training session with our daughter/son. I further understand that all Teen Court volunteers are required to keep cases CONFIDENTIAL.

Parent/Guardian signature

Date

When application is completed return to:

Stephanie E. Rall
Teen Court Program
12401 West Maple Road
Omaha, NE 68164
Phone: (402)431-9272
Fax: (402)431-0444