

MOORE COUNTY TEEN COURT

PO Box 839 Carthage, NC 28327

(910) 947-1549

mburdette@moirecountync.gov

Youth Volunteer Application Form

Name _____ Sex ____ Age ____ Date of Birth _____

Address _____ Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Parent / Guardian Name _____

What school do you attend? _____ Grade _____ Year of Graduation? _____

What types of activities are you involved with in school? _____

What activities are you involved with outside of school? (church, community, etc.) _____

Do you work? _____ If so, where? _____ Hours per week _____

How did you hear about/become interested in Teen Court? _____

What qualities do you have that would make you a good Teen Court volunteer? _____

What do you hope to gain from being in Teen Court? _____

What are your educational or career plans after graduation from high school? _____

Have you ever been found guilty of a crime? ____ Yes ____ No

If so, what charge? _____

Have you ever been the victim of a crime? ____ Yes ____ No

If so, please explain: _____

Please check which role(s) you would like to perform within the Teen Court.

- Bailiff Defense Attorney
 Clerk of Court Prosecuting Attorney
 Juror

When are you available to volunteer for Teen Court? _____

When are you not available to volunteer (e.g., days of week, times of day, times of year).

REFERENCES

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The community reference should be over twenty-one years of age and should not be a relative.

Educational Reference:

Name _____ Position _____

Address _____ Phone _____

Community Reference:

Name _____ Position _____

Address _____ Phone _____

Emergency Contact:

Name _____ Phone _____

Address _____

Relationship to you _____

I have read the information listed above about Teen Court and am allowing my son/daughter to participate as a Teen Court volunteer. I understand that we, as parent(s)/guardian(s) are invited to attend any Teen Court session with our son/daughter. I further understand that all Teen Court volunteers are required to keep all case information CONFIDENTIAL.

I grant to Moore Youth Services and persons acting for or through them the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of my son/daughter for use in materials they may create.

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge and I agree to actively participate in Teen Court for one year.

Signature of Volunteer

Date

Signature of Parent/Guardian

Date

Return completed application to:
Teen Court Director
Moore Youth Services
PO Box 839
Carthage, NC 28327