



Youth Volunteer Application

Name: _____ Date: _____

School: _____ Email: _____

Age: _____ Race: _____ Gender: _____ Grade: _____

Parent/Guardian: _____ Home: (____) _____

Address: _____

Parent/Guardian Employer: _____ Work: (____) _____

How did you hear about Teen Court? _____

What made you decide to volunteer with Teen Court? _____

What are you hoping to get out of this experience? _____

Teen Court is held on the 2nd Wed. night of each month from 6-8 or 8:30 (with one or two exceptions), year round.

Are you involved in any activities that may conflict with this? _____

What position would you like to volunteer for? (Rank in order of preference)

_____ Attorney

_____ Clerk of Court

_____ Juror

We are always looking for new volunteers. Is there anyone who you think may be interested in volunteering with Teen Court?

Name: _____ Phone: (____) _____ Email: _____

Name: _____ Phone: (____) _____ Email: _____



Youth Volunteer Agreement

As a member of the Chatham County Teen Court Program, I understand and agree to the following conditions and responsibilities:

1. Volunteers must agree to serve at least one year (seniors wishing to become involved in the spring are exempt).
2. Volunteers will attend a training program.
3. The service obligation period will begin after the training is complete.
4. Members will be removed from serving if they are philosophically incompatible with the program's purpose, chronically miss sessions or are in breach of confidentiality.
5. Members are required to ensure that in addition to holding the youth accountable, special attention is given to community responsibility and to the victim.

Confidentiality Oath

I solemnly swear or affirm that I will not divulge, either by words or signs any information which comes to my knowledge, in the course of a Teen Court case hearing and that I will keep secret all said proceedings which may be held in my presence, so help me God.

Volunteer

Parent

Date Signed

Teen Court Coordinator



Medical/Emergency Information Release Form

I, _____ having legal custody of

_____ give permission to Communities In Schools or a site supervisor for this organization to call and obtain the services of a physician or hospital for medical or surgical care should an emergency arise. I understand that a conscientious effort will be made to locate me before any action will be taken.

Child's Date of Birth _____ Age _____ School Attending _____ Grade _____

Mother's/guardian's phone numbers _____

Father's/guardian's phone numbers _____

Please list two emergency contacts below:

Name Address Phone

Name Address Phone

Insurance Company and Policy Number _____

Name, address and phone number of preferred physician:

_____ Preferred Hospital _____

Does your child have any medical problems? (Please circle one) **Yes** **No** If yes, please explain:

Parent's/Guardian's Signature _____ Date _____

Program Coordinator Signature _____ Date _____

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TEEN COURT LIABILITY WAIVER

I, _____, as the parent/guardian of _____, (Teen Court participant) hereby agree to allow him/her to participate in Communities in Schools Chatham County Teen Court Program. IT IS FURTHER AGREED AND UNDERSTOOD, that as a condition of participation in the Teen Court Program, I promise to hold harmless Communities In Schools, its Teen Court coordinator, employees and volunteers, any school in Chatham County and its employees, duly authorized law enforcement officers in any municipality in Chatham County, and any community service agency or individuals, from any and all actions, causes of action, or any claims whatsoever, which may arise out of participation in any activities of this Teen Court Program, including any coming and going.

Date signed _____

Parent/Guardian Signature: _____

Printed Name: _____

Telephone: _____

Please list two emergency contacts below:

Name	Address	Phone



Image Release Agreement

I give permission for Communities in Schools to use my child's image on their website, in a press release or in their newsletter or in a video. **Communities In Schools never gives any information regarding the child other than perhaps a first name.**

Parent/Guardian Signature _____ Date _____

Transport Agreement

I am aware that there are times when youth will need to be transported. Communities In Schools does a background check and driving record check for all volunteer supervisors. I give permission for the Teen Court Coordinator or an approved volunteer supervisor to transport my child.

(Please check box if it you give permission for your child to be dropped off at home without supervision from a parent or adult family member/ friend.)

Parent/Guardian Signature _____ Date _____

I also give permission for a supervisor to drop off my child at home alone.

_____ Date _____

Alternate Drivers List

Please list names and contact information for those people other than you (parent/guardian) who will be picking up your child.

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____