



2021-2022

Teen Court Volunteer Form - Please Write Legibly

Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip _____

School _____ Race _____ Sex _____ Grade _____

Telephone (Cell) _____ Other (Home) _____

E-Mail _____@_____

Parent/Guardian Name _____

Your participation requires a commitment to not only to Teen Court, but also your school and your peers. This commitment includes:

- Attending Teen Court Hearings at the times and places scheduled that may be in person or in Virtual setting such as Zoom or WebEx (accommodations can be made if internet connectivity is a concern. In this case, please notify the Teen Court Coordinator as soon as possible
- Attending training sessions
- Demonstrating the ability to treat each case impartially, with objectivity and without prejudice
- Maintaining absolute confidentiality and courtroom behavior- quiet, respectful, no laughing/snickering, etc.
- Participating for one school year but not being limited to that year
- Accepting personal responsibility for actions while a member of Teen Court.
- DRESS PROFESSIONALLY AT ALL TIMES-no jeans, t-shirts, sneakers, flip flops.

If the Teen Court Coordinator considers your behavior unacceptable, your parents will be contacted and, you could be dismissed as a volunteer.

For Parents/Guardians:

Your teen's involvement in Teen Court may require some involvement on your part. It may require that transportation be made at the scheduled times or accessibility to the internet and a location where privacy and be maintained. If you have transportation issues, Teen Court may be able to assist in getting your student to and from Teen Court.

I give permission for _____ to receive training as a Teen Court participant. I will also support my teen's participation in the program by helping ensure that they honor their commitment and responsibility (as outlined above) to the Teen Court program. Furthermore, I give my consent for my youth's photograph and/or likeness to be used by Communities in Schools for publicity and/or training materials.

_____()_____-_____
Parent's or Guardian's Signature/PHONE #(In case of emergency) Date

When application is completed, please return to either: Tamia@ciscapefear.org for New Hanover County, or Steve@ciscapefear.org for Pender County; your school representative or make alternative arrangements.
Questions? Please either email Tamia or Steve, or call 910-343-1901