

2024-2025
New Hanover County Teen Court Volunteer Form
Please write legibly

Name _____ Preferred Name _____

Date of Birth ____/____/____ Race _____ Sex _____ Preferred pronouns _____

Address _____ City _____ Zip _____

School _____ Grade _____

Telephone (Cell) _____ Other (Home) _____

E-Mail _____ @ _____

This will be the email that will be added to the email group to receive sign up emails and all things Teen Court, so please put the email address of who will be responsible for receiving all Teen Court emails

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
- * Attending training sessions
- * Demonstrating the ability to treat each case impartially, with objectivity and without prejudice
- * Maintaining absolute confidentiality and courtroom behavior- quiet, respectful ect.
- * Participating for one school year but not being limited to that year
- * Accepting personal responsibility for actions while a member of Teen Court.

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

- * **DRESS PROFESSIONALLY AT ALL TIMES- no jeans, t-shirts, shorts, sneakers, flip flops.**

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: Tamia@ciscapefear.org

Questions? Contact Tamia Boyd at 910-707-4347 Tamia@ciscapefear.org