



**2024-2025**  
**Pender 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: [penderteencourt@ciscapefear.org](mailto:penderteencourt@ciscapefear.org)

Questions? Contact Carrington Kennelly at 910-343-1901 or [penderteencourt@ciscapefear.org](mailto:penderteencourt@ciscapefear.org)

Date Submitted: _____
Program Supervisor: _____
<b>OFFICE USE ONLY</b>

## Teen Court Volunteer Application con't. (under 18)

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or ability.

Thank you for completing this application form and for your interest in volunteering with us.

### Confidentiality Policy:

Confidentiality is essential. As a volunteer, sensitive information will at times be shared with you by parents, CIS staff, teachers and professionals about program participants. We ask that you not disclose sensitive information or give definite identifiers of the participants with whom you are working.

As a Volunteer, I promise not to share any confidential information about program participants or their family. IT WILL NOT BE VIEWED AS A BREACH OF CONFIDENTIALITY TO DISCUSS LIFE-THREATENING OR HEALTH SITUATIONS INVOLVING YOUR PARTICIPANTS WITH SITE COORDINATORS, SCHOOL SOCIAL WORKERS, TEACHERS OR ADMINISTRATION.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Liability Policy:**

According to the Volunteer Job Description, volunteers will help their participant on school grounds, at the CISCf Office, or at designated activity sites and during the designated day and time assigned to them by the CIS Program Coordinator. If the volunteer is functioning within this capacity he/she will be free of liability under the Volunteer Protection Act law of 105-19.

However, if the volunteer chooses to act outside the Job Description in taking the participant away from the activity site and/or seeking the participant outside the assigned program, the volunteer is then acting as an individual and not in the capacity of a CIS volunteer.

Communities In Schools of Cape Fear will not be liable for volunteer’s actions under these conditions. In addition, volunteers are not covered under the Volunteer Protection Act Law 105-19 if they cause injury while operating a motor vehicle, or if the volunteer causes injury with willful, Criminal or reckless misconduct or gross negligence.

The volunteer acknowledges that they are not covered under *any* medical and dental insurance during their volunteer time at CISCf. It is expected that each volunteer will have their own personal insurance coverage.

*I have read the above policy and understand if I have contact with any program participants outside of CISCf designated activities, I accept full liability for any incident incurred during that time.*

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE