

ANDREWS TEEN COURT VOLUNTEER APPLICATION



(Please PRINT clearly)

NAME _____ TODAY'S DATE _____

MAILING ADDRESS _____ CITY/ZIP _____

PHONE #1(____) _____ PHONE #2 (____) _____ DRIVER'S LICENSE OR PERMIT? YES NO

BIRTHDATE _____ MALE FEMALE (circle one) EMAIL: _____

SCHOOL _____ GRADE _____ GRADUATION YEAR _____

FATHER'S NAME & PHONE # _____

MOTHER'S NAME & PHONE # _____

List ALL extra-curricular activities (school, church, civic) in which you are involved & the number of hours spent per week on each.

NAME OF ORGANIZATION OR ACTIVITY	HOURS PER WEEK
_____	_____
_____	_____
_____	_____
_____	_____

Why do you want to be a part of Teen Court? _____

Have you ever participated in Teen Court before? _____ If so, when & in what capacity? _____

Please CHECK all the positions in which you are interested:

___ **JUROR** Listen to presentation of non-traffic cases; decide sentence

___ **PROSECUTOR** Attend all training sessions and reviews; represent State's interest during proceedings; suggest appropriate sentence in cases you represent

___ **DEFENSE ATTORNEY** Attend all training sessions and reviews; represent defendants in cases assigned to you; meet personally with defendant prior to court; suggest appropriate sentence in cases you represent

ALL APPLICANTS are expected to participate in required training, carry out judges' instructions, keep confidential any information obtained from hearings, treat ALL participants with RESPECT, and follow all Teen Court rules—dress code, professionalism, etc.

- 1) Do you have a current valid Driver's License? _____
- 2) If no, do you have a reliable transportation? _____
- 3) Are you able to pick up some volunteers? _____

I have read the duties and understand the responsibilities of serving in Teen Court, and would like to serve in the position(s) checked above during one or more of the following terms:

January-May _____

September-December _____

CITY OF ANDREWS TEEN COURT PROGRAM

WAIVER AND RELEASE

I understand that Teen Court takes preparation and dedication. I will be given scheduled court dates at the beginning of the school semester and will speak with my parent(s), and teachers about time commitments and realize how important it is to be present at all court sessions. I also understand I will have to stay for the entire session, even if the case I am involved in is heard first. I also give permission for my photo to be taken while acting as a Teen Attorney. (CALENDAR WILL BE GIVEN TO YOU AT ATTORNEY TRAINING AT THE START OF EACH TERM.)

If the participant is a minor, I further attest that I am the parent or legal guardian of the minor child, and that I have the legal right and authority to enter into this agreement on behalf of the minor and myself. I further warrant that no promise, statement, threat or agreement not herein expressed has been made, and that I fully understand this instrument and I execute it with full knowledge of its meaning, having first read it carefully.

Signature of Applicant

Signature of Parent/Legal Guardian (if Applicant is a minor under 18)

Please mail this application to Andrews Municipal Court - 111 Logsdon, Andrews, TX 79714, fax 432-523-2033, or return of Ms. Williamson at Andrews High School. Call 432-524-2791 with any questions or send email to: court.service@cityofandrews.org

Printed Name: _____

CONFIDENTIALITY STATEMENT

I promise not to talk about any of the cases by name that I see on trial or learn about through the Teen Court, once I leave the courtroom. I understand that this is for my own protection, as well as that of the other teens in the program.

I hereby grant permission for the ANDREWS Teen Court to use the visual depiction of (me) (my child) for the purposes of training, advertising, publicity and promotion of the Andrews Teen Court. I affirm that the use of (my) (my child)'s appearance will not violate the rights of any person or organization and will not incur liability for payment to any person. I release the City, Andrews Teen Court, their agents, representatives and employees from all liability in connection with (my) (my child)'s appearance and I agree to hold the City harmless from any and all liability, which it or the Andrews Teen Court may incur as a result of (my) (my child)'s appearance.

VOLUNTEER: _____ Date: _____
If under the age of 18, a parent must also sign this form:

Parent: _____ Date: _____