

Summit County Teen Court Volunteer Application Form

NAME: _____ GENDER _____ DATE OF BIRTH _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME(S) OF PARENTS(S)/GUARDIAN(S): _____

THE SCHOOL YOU ATTEND: _____ YEAR OF GRADUATION: _____

WHAT QUALITIES DO YOU POSSESS THAT YOU FEEL WOULD MAKE YOU A GOOD TEEN COURT VOLUNTEER?

WHAT EXTRA-CURRICULAR ACTIVITIES ARE YOU INVOLVED IN AT SCHOOL OR IN THE COMMUNITY?

ARE YOU CURRENTLY EMPLOYED? _____

WHAT DAYS DO YOU NORMALLY WORK? _____

HAVE YOU EVER BEEN FOUND TO BE A DELINQUENT CHILD FOR ANY OFFENSE OTHER THAN A TRAFFIC TICKET?

YES _____ NO _____ IF YES, PLEASE EXPLAIN NATURE OF THE OFFENSE:

HAVE YOU EVER BEEN A VICTIM OF A CRIME? YES _____ NO _____ IF YES, PLEASE EXPLAIN:

PLEASE CHECK WHICH ROLE(S) YOU WOULD LIKE TO PERFORM DURING THE TEEN COURT HEARINGS:

DEFENSE ATTORNEY _____ PROSECUTOR _____ JUROR _____ BAILIFF _____

COURT SESSIONS WILL BE HELD TWICE A MONTH FROM 4:30 PM TO 6PM. PLEASE INDICATE YOUR AVAILABILITY:

ONCE A MONTH _____ TWICE A MONTH _____ I WOULD LIKE TO PARTICIPATE IN EVERY SESSION _____

REFERENCES

PLEASE INCLUDE ONE EDUCATIONAL REFERENCE AND ONE COMMUNITY REFERENCE. THE EDUCATIONAL REFERENCE MAY BE A TEACHER OR AN ADMINISTRATOR AND MUST BE SIGNED BY THAT PERSON. THE OTHER REFERENCE SHOULD BE AT LEAST 21 YEARS OF AGE AND SHOULD NOT BE A RELATIVE.

EDUCATIONAL REFERENCE

NAME: _____ POSITION: _____

ADDRESS: _____ CITY: _____ ZIP _____

TELEPHONE: _____ SIGNATURE: _____

OTHER REFERENCE

NAME: _____ POSITION: _____

ADDRESS: _____ CITY: _____ ZIP _____

TELEPHONE: _____ SIGNATURE: _____

PARENTAL CONSENT

I CONSENT TO MY CHILD'S PARTICIPATION IN THE SUMMIT COUNTY JUVENILE COURT'S TEEN COURT PROGRAM

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

VOLUNTEER VERIFICATION

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE

SIGNATURE OF VOLUNTEER: _____ DATE: _____

EMERGENCY CONTACT

NAME: _____ TELEPHONE: _____

RELATIONSHIP TO VOLUNTEER: _____

PLEASE RETURN VOLUNTEER FORM AS SOON AS POSSIBLE TO:

SUMMIT COUNTY JUVENILE COURT
ATTN: DON URSETTI
650 DAN STREET
AKRON OH 44310-3989