



Orange County Teen Court

Orange County Teen Court Youth Volunteer Application

Name: _____

School: _____ Grade: _____ Age: _____

Email: _____ Cell: _____

Race: _____ Gender: _____

Parent/Guardian 1: _____

Home: _____ Cell: _____ Work: _____

Address: _____

Email: _____

Parent/Guardian 2: _____

Home: _____ Cell: _____ Work: _____

Address: _____

Email: _____

What position would you like to volunteer for? (Rank in order of preference)

_____ Prosecuting Attorney

_____ Defense Attorney

_____ Bailiff

_____ Clerk of Courts

_____ Juror

Volunteers for Youth
(919) 967-4511
(919) 967-4540 fax
205 Lloyd St., Suite 103
Carrboro, NC 27510



Orange County Teen Court

How did you hear about Teen Court? _____

What made you decide to volunteer with Teen Court? _____

What are you hoping to get out of this experience? _____

Teen Court is held on the first and third Monday nights of each month at 6:30 PM. Are you involved in any activities that may conflict with this? _____

We are always looking for new volunteers. Is there anyone who you think may be interested in volunteering with Teen Court?

Name: _____ Phone: (____) _____ Email: _____

Name: _____ Phone: (____) _____ Email: _____

Volunteers for Youth
(919) 967-4511
(919) 967-4540 fax
205 Lloyd St., Suite 103
Carrboro, NC 27510



Orange County Teen Court

Youth Volunteer Agreement

As a member of the Orange County Teen Court Program, I understand and agree to the following conditions and responsibilities:

1. Volunteers must agree to **serve at least one year and participate in at least 75% of activities** (seniors wishing to become involved in the spring are exempt or unless otherwise approved by the Teen Court Coordinator).
2. Volunteers will attend a training program for certain roles.
3. Volunteers **must observe at least one case before participating as a volunteer.**
4. Members will be removed from serving if they are philosophically incompatible with the program's purpose or are in breach of confidentiality. This **includes disrespecting anyone** involved in the Teen Court program.
5. Members are required to ensure that in addition to holding the youth accountable, special attention is given to community responsibility and to the victim.

Confidentiality Oath:

I solemnly swear or affirm that I will not divulge, either by words or signs any information which comes to my knowledge, in the course of a Teen Court case hearing and that I will keep secret all said proceedings which may be held in my presence.

Dated the _____ day of _____, _____.
(Day) (Month) (Year)

Volunteer

Parent 1

Parent 2

Teen Court Coordinator

Volunteers for Youth
(919) 967-4511
(919) 967-4540 fax
205 Lloyd St., Suite 103
Carrboro, NC 27510



Orange County Teen Court

Teen Court Liability Waiver

I, _____, as the parent/guardian of _____, (Teen Court participant) hereby agree to allow him/her to participate in VFY's Orange County Teen Court Program. IT IS FURTHER AGREED AND UNDERSTOOD, that as a condition of participation in the Teen Court Program, I promise to hold harmless Volunteers for Youth, its Teen Court coordinator, employees and volunteers, any school in Orange County and its employees, duly authorized law enforcement officers in any municipality in Orange County, and any community service agency or individuals, from any and all actions, causes of action, or any claims whatsoever, which may arise out of participation in any activities of this Teen Court Program, including any coming and going. Dated this _____ day of _____ 20__.

Parent/Guardian Signature: _____

Printed Name: _____

Please list at least two emergency contacts below:

1.	_____		
	Name	Relationship	

	Home Phone	Cell Phone	Address

2.	_____		
	Name	Relationship	

	Home Phone	Cell Phone	Address

3.	_____		
	Name	Relationship	

	Home Phone	Cell Phone	Address

Volunteers for Youth
(919) 967-4511
(919) 967-4540 fax
205 Lloyd St., Suite 103
Carrboro, NC 27510