

Youth Court of Jefferson County
200 Washington Street, Suite 207, Watertown, NY 13601
Phone 315-836-8504 Fax 315-785-0322

YOUTH COURT VOLUNTEER APPLICATION

Name:					
Age:		Date of Birth:			
Gender:		Ethnicity (for funding)			
Address:			State:		Zip:
Home Phone:			Cell Phone:		
Email Address:					
Parent/Guardian Name:					
Parent/Guardian Cell:					
Parent /Guardian Email:					
The best way to contact you is by: (please circle one)					
Text	Email	Cell Phone Call/Message		Home Phone Call/Message	
Cell Phone Carrier (needed to set up mass texting)					
What school do you attend?					
What activities are you involved with in school, and during which months?					
Do you work?		If so, where?			
Work Phone Number:			Hours per week:		
How did you hear about/become interested in Youth Court?					
What qualities do you have that would make you a good Youth Court volunteer?					
What do you hope to gain from being in Youth Court?					
What are your educational or career plans after graduation from high school?					
Have you ever been found guilty of a crime?		Yes		No	
If so, what charge? Please understand that this does not necessarily prohibit you from participating.					

***** For Mass text communications, who is your cellular carrier? _____

REFERENCES

Educational Reference (teacher, guidance counselor or administrator)

Name _____ Position _____
Email _____ Phone _____

Community Reference (over 21 years of age)

Name _____ Position _____
Email _____ Phone _____

Personal / Family Reference (At least 18 years of age)

Name _____ Position _____
Email _____ Phone _____

YOUTH AND PARENT UNDERSTANDING

Please read the following statements and given them careful consideration. Your signatures will indicate agreement.

- 1) I certify that the facts set forth in this application are true and complete to the best of my knowledge. I give permission for my references to be called and for a criminal background check to be performed. I understand that this can affect the outcome of my application.
- 2) By my signature below, I acknowledge my understanding that in order to apply and become a volunteer of Youth Court I must attend all the training sessions and court observations.
- 3) I acknowledge that I will participate in Youth Court of Jefferson county activities throughout the year, generally once per month, after being sworn in as a volunteer of the court. I understand there is a participation/attendance policy in the Code of Ethics.
- 4) I acknowledge that as a member of the court, I am always expected to serve as a role model for my peers. I understand if I do not adhere to the above that I may be asked to resign my position on the court.
- 5) This application has been discussed with a parent/guardian and considering other commitments, volunteering on the Youth Court of Jefferson County is possible.

Youth Signature

Date

Parent/Guardian Signature

Date

- Return your application by:

- 1) Faxing it to (315) 785-0322
- 2) Scanning and emailing it to aobrien@resolution-center.net