

Wells County Teen Court
VOLUNTEER APPLICATION FORM
 (Confidential Information)

NAME _____ SEX _____ AGE _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ E-MAIL _____

SCHOOL YOU ATTEND _____ GRADE _____

SCHOOL OR COMMUNITY ACTIVITES _____

QUALITIES THAT WOULD MAKE YOU A GOOD TEEN COURT VOLUNTEER _____

PLEASE LIST TWO REFERENCES (non-relative -one reference must be an adult from the school you attend)

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

I understand that I may be called upon to serve during a Teen Court hearing. I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court case information. I understand that if I neglect my responsibility or breach my oath of confidentiality, I may be removed from participating in the Teen Court program.

Volunteer Signature _____ Date _____

I have read and understand the information available in the brochure about the Teen Court program and I am allowing my daughter/son to participate as a Teen Court volunteer. I understand that, as a parent/guardian, I am welcome to attend the Teen Court Training Session with my daughter/son. I further understand that Teen Court volunteers are required to keep all case information CONFIDENTIAL. I also permit photographs, etc of my daughter/son participating in Teen Court activities to be used for general promotional purposes.

Parent or Guardian Signature _____ Date _____

Please return at your earliest convenience to:

WELLS COUNTY TEEN COURT
 FAMILY CENTERED SERVICES
 P.O. BOX 207
 123 S. MARION STREET
 BLUFFTON, IN 46714
 (260) 824-8574
 WellsTeenCourt@yahoo.com

If you have further questions, contact Angie Dial at: