

# TEEN COURT



OF HUNTINGTON COUNTY

## Teen Court Application

Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Township: \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone: \_\_\_\_\_ School: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

School Activities:

\_\_\_\_\_

Activities out of school (church, 4H, etc.):

\_\_\_\_\_

What qualities do you have that would make you a good Teen Court Volunteer?

\_\_\_\_\_

How did you become interested in Teen Court?

\_\_\_\_\_

What do you hope to gain from being involved in Teen 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? \_\_\_\_\_

Have you ever come in contact with or had any experience with any law enforcement agency of the court system? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been victim of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



1344 Maple Drive, Huntington, IN 46750 (260)356-9681 Email address: [j.straley@ysbofhuntingtonco.org](mailto:j.straley@ysbofhuntingtonco.org)  
Crisis phone 260-530-7676  
501 (c) (3)



Please check which roles you would like to perform within teen court:

Juror                                       Defense Attorney                                       Prosecuting Attorney

Do you have transportation? \_\_\_\_\_

Are there any times (ex. days of week, times of year) that you will be unable to volunteer? \_\_\_\_\_

\_\_\_\_\_

Will you be able to consistently participate in meetings on Tuesday evenings? \_\_\_\_\_

**References:**

Please give two adult references, NON-Relative and one MUST BE FROM THE SCHOOL YOU ATTEND:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I have read the information on Teen Court and am allowing my son/daughter to participate as a Teen Court Volunteer. I understand that we, as parent(s), are invited to attend the Teen Court Training Sessions with our child. I further understand that Teen Court Volunteers are required to keep cases confidential.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Teen Court Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Teen Court Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this application to:

Youth Services Bureau of Huntington County  
Attention: Jamie Straley Teen Court Coordinator



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