

OF HUNTINGTON COUNTY

Teen Court Application

Name:	Sex: M F Age:	Grade:	
Address:	Township	:	
D.O.B.:/ Telephone:	Scho	ool:	
Email address:			
Parent/Guardian Name(s):			
School Activities:			
Activities out of school (church, 4H, etc.):			
What qualities do you have that would make y	ou a good Teen Court Vo	lunteer?	
How did you become interested in Teen Court?			
What do you hope to gain from being involved			
What are your educational or career plans afte	r graduation from high so	chool?	
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 system? If so, please explain:			y of the court
Have you ever been victim of a crime?	□ Yes □ No		
If yes, please explain:			





Please check which roles you	ı would like to perform within t	een court:			
□ Juror	☐ Defense Attorney	☐ Prosecuting Attorney			
Do you have transportation?				_	
, , ,	s of week, times of year) that y				
	tly participate in meetings on 1				
References:					
Please give two adult referer	nces, NON-Relative and one MU	JST BE FROM THE SCHOO	L YOU AT	ITEND:	
Name:		Position:			
Address:		Phone:	Phone:		
Name:		Position:	Position:		
Address:		Phone:			
Emergency Contact:					
Name:		Phone:			
Address:					
Relationship to you:					
Court Volunteer. I understar	on Teen Court and am allowing and that we, as parent(s) are invited that Teen Courther understand that Teen Courther	vited to attend the Teen Co	ourt Trair	ning	
Parent/Guardian Signature:		Date:	/	/	
Parent/Guardian Signature:		Date:	/	/	
Teen Court Volunteer Signat	ure:	Date:	/	/	
Teen Court Coordinator Sign	ature:	Date:	/	/	
Please return this application	ı to:				
Youth Services Bureau of Hu	ntington County				

Attention: Teen Court Coordinator