

TEEN COURT

OF WHITLEY 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 a 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

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 Wednesday 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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