

Have you ever come in contact with or had any experience with any law enforcement agency of the court system? Yes No

If so, please explain:

Have you ever been the victim of a crime? Yes No

If so, please explain:

Please check which role(s) you would like to perform within the youth court.

- | | |
|---|---|
| <input type="checkbox"/> Juror | <input type="checkbox"/> Midland Teen Court Board Youth Liaison |
| <input type="checkbox"/> Defense Attorney | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Prosecuting Attorney | |

When are you available to volunteer for youth court?

When are you not available to volunteer (e.g., days of week, times of day, times of year)

REFERENCES

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The community reference should be over twenty-one years of age and should not be a relative.

Educational Reference:

Name Position

Address Phone

Community Reference:

Name Position

Address Phone

Emergency Contact:

Name Phone

Address

Relationship to you

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.

Signature of Volunteer

Date

Signature of Parent/Guardian

Date