

VOLUNTEER APPLICATION FORM

CONFIDENTIAL INFORMATION

NAME _____ DOB _____ AGE _____ SEX _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NO. _____ E-MAIL ADDRESS _____

SCHOOL _____ GRADE _____ YEAR TO GRADUATE _____

TEACHER REFERENCE _____ PHONE _____

EXTRACURRICULAR ACTIVITIES _____

I understand I may be called upon at any time to serve on Teen Court. I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings. I understand I will be removed from the Teen Court Program if I neglect my responsibility or breach the oath of confidentiality.

VOLUNTEER SIGNATURE

DATE

PARENT

DATE

MANDATORY TRAINING ON _____ AT THE SARPY COUNTY
COURTHOUSE, 1210 GOLDEN GATE DR. PAPILLION.

WERE YOU REFERRED BY OR KNOW ANY TEEN VOLUNTEERS? _____
WHO? _____

WHY I WANT TO BE A VOLUNTEER _____

QUESTIONS ? CALL Nicole Allison at 593-2207, OR E-MAIL teencourt@sarpy.com