PERRY COUNTY YOUTH COURT Youth Volunteer Application Form

Sex ____ Age ___ Date of Birth

Name

Address		2 2
City	State	Zip
	Cell Phone:	
Email		
What school do you attend?		
What types of activities are you invo		
		*
What activities are you involved wit	th outside of school? (church,	community, etc.)
Do you work? If so, v	where?	
	Hours per we	
How did you hear about/become in		
What qualities do you have that wo	uld make you a good youth co	ourt volunteer?
What do you hope to gain from beir	ng in youth court?	
What are your educational or caree	er plans after graduation from h	nigh school?

Have you ever been found guilty of a crime?	Yes No
If so, what charge?	
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	ny experience with any law enforcement agency
or the court system? If so, please explain:	
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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.
Bailiff	Judge
Court Clerk	Youth Advisory Board Member
Juror	Program Advisory Board Youth Liaison
Defense Attorney	Other:
Prosecuting Attorney	
Trosecuting Attorney	
When are you available to volunteer for yout	h court?
virial are you available to voiding of for your	i 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 communication reference may be either a teacher or an administrator. The over twenty-one years of age and should not be a relative	ne community reference should be		
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		

Date

Signature of Parent/Guardian