

# Charles County Teen Court

## Adult Volunteer Application

Date of Application: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ E-mail: \_\_\_\_\_

Teen Court is generally conducted every other Thursday evening from approximately 5:30 PM – 9:00 PM. Are you available on Thursday evenings? Yes \_\_\_ No \_\_\_

List below any previous volunteer experiences: (Feel free to continue on another sheet of paper if necessary)

Name of organization or activity:	Nature of volunteer activity
_____	_____
_____	_____
_____	_____
_____	_____

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### IN CASE OF EMERGENCY

Contact: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Any medical conditions or allergies that would affect your ability to participate in Teen Court? Yes ( ) No ( )

*If yes, please explain:*

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Please provide two (2) personal references (non-relative).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*Teen Court adult volunteers have routine contact with youths and minors during the performance of their duties. As required by law, all individuals who have such contact are required to undergo a criminal background check conducted by the Charles County Sheriff's Office or its official designated agent. By your signature below you agree to the conduct of this background investigation and to provide additional information that may be required. All adult volunteers accepted into this program are required to serve a one year probationary period.*

*I affirm that the above information provided is true and correct and I solemnly declare that I will keep confidential any information that comes to my knowledge in the course of a Teen Court session. I will not identify directly or indirectly, either audibly or in writing, any person participating as a respondent in the Teen Court Program.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness Printed Name: \_\_\_\_\_

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### ADULT PHOTO RELEASE

I hereby grant the Charles County Sheriff's Office my permission to take photographs of me or photographs in which I may be involved with others for the purpose of promoting the **Charles County Teen Court Program**.

I hereby release and discharge staff members of Charles County Sheriff's Office and press organizations covering this event from any and all claims arising out of the use of these photos.

I certify that am 18 or older, have read the above statement, and fully understand and agree to its content.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_

**If there are any questions, please contact Sarah Vaughan, Teen Court Coordinator, at 301.609.3916.**

**The importance of honoring the confidentiality agreement cannot be overstated. The business of appearing before the Teen Court is a personal matter. All aspects of the Teen Court session are considered CONFIDENTIAL. Failure to respect and honor this agreement will result in, as a minimum, dismissal from participation in the program.**

Ms. Sarah Vaughan, Teen Court Coordinator  
Charles County Sheriff's Office  
6915 Crain Highway, Teen Court Unit  
Post Office Box 189  
La Plata, MD 20646-0189  
Phone: (301) 609-3916 Fax: (301) 609-3258