

Charles County Teen Court

Youth Volunteer Renewal Application

Date of Renewal Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s) or Guardian(s) name: _____

Address: _____

Telephone: Home _____ Cell _____ Email: _____

School: _____

Grade: _____ GPA: _____ School & Sports Activities _____

What position(s) would you like to serve in Teen Court? **ALL Teen Court Volunteers are required to serve as jurors.** Please check all that apply.

Juror Bailiff Court Clerk Defense Attorney Prosecutor

IN CASE OF EMERGENCY

Contact: _____ Relationship to Applicant _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

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

If yes, please explain:

Your active participation in the Charles County Teen Court Program has been greatly appreciated by the staff and your peers who have gone through the program as respondents. Your interest in continuing your volunteer participation reflects positively on you.

The Charles County Teen Court Code of Conduct is strictly enforced. Please review prior to completing your application. Please do not submit an application if you are not prepared to fully comply with the code of conduct.

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.

Volunteer Signature: _____ Date: _____

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

My child and I have discussed their continued participation in the Charles County Teen Court Program. I support his/her decision to continue to participate as a Teen Court volunteer. I understand that I will need to provide transportation for my child to and from the Teen Court program. Teen court is held at the Charles County Court House on Charles Street in the town of La Plata and generally ends between 8:30 PM and 9:00 PM.

Parent/Guardian Signature: _____ Date: _____

YOUTH PHOTO RELEASE

I hereby grant staff members of the Charles County Sheriff's Office and press organizations covering Teen Court events permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of promoting the **Charles County Teen Court Program**.

I _____ certify that I am 18 or older, and am able to contract for the minor in the above regard. I have read the above statement and fully understand its contents.

Name of Minor: _____

Minor's Address: _____

Relationship to Minor: _____

Parent/Guardian Signature _____ Date: _____

Name (Please Print) _____

Address _____

Ms. Sarah Vaughan, Teen Court Coordinator
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