



Teen Court Volunteer Application

NAME _____ DATE OF BIRTH _____

MAILING ADDRESS _____

PHONE NUMBER (S) _____

EMERGENCY CONTACTS:

NAME _____ PHONE # _____

ADDRESS _____

RELATIONSHIP TO YOU _____

SCHOOL YOU ATTEND _____

WHEN ARE YOU AVAILABLE? (Please circle your response)

	DAYS		EVENINGS		
MONDAY	TUESDAY	WENEDSDAY	THURSDAY	FRIDAY	

PLEASE LIST AND DESCRIBE ALL *SCHOOL* ACTIVITIES YOU ARE INVOLVED IN

PLEASE LIST AND DESCRIBE ALL *OTHER* ACTIVITIES YOU ARE INVOLVED IN (VOLUNTEERING, EMPLOYMENT, ETC.)

WHAT ARE YOUR INTERESTS AND SKILLS?

WHY DO YOU WANT TO BE A TEEN COURT VOLUNTEER?

APPLICANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Autumn Larsen
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