

**Youth Court of Jefferson County**  
**200 Washington Street, STE 207, Watertown, NY 13601**  
**Phone 315-836-8504 Fax 315-785-0322**

**Youth Volunteer Application Form**

Name		Age		Date of Birth	
Gender		Ethnicity (*for funding only)			
Address				City	
Town of Residence			State	Zip	
Home Phone:			Cell Phone:		
Your Email Address					
Parent / Guardian Name					
Parent / Guardian Cell Number					
Parent / Guardian Email Address					
Please circle the preferred way to contact you:					
Text	Email	Facebook	Instagram	Message (home phone)	
What school do you attend?					
What types of activities are you involved with in school and during which months?					
Do you work?		If so, where?			
Work phone number			Hours per week		
How did you hear about/become interested in Youth Court?					
What qualities do you have that would make you a good Youth Court volunteer?					
What do you hope to gain from being in Youth Court?					
What are your educational or career plans after graduation from high school?					

Have you ever been found guilty of a crime?		Yes		No
If so, what charge? Please understand this does <b>not</b> prohibit you from becoming involved.				

**REFERENCES**

**Educational Reference (teacher, guidance counselor or administrator of age)**

Name \_\_\_\_\_ Position \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**Community Reference (over 21 years of age)**

Name \_\_\_\_\_ Position \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**Personal / Family Reference (over 18 years of age)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Relationship to you \_\_\_\_\_

## Youth and Parent Understanding

Please read the following statements and give them careful consideration. Your signatures will indicate agreement.

### Youth

- I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge. I give permission for my references to be called and for a criminal background check to be performed. I understand this can affect the outcome of my application.
- By my signature below, I acknowledge my understanding that, in order to apply and become a Volunteer of Youth Court, I must agree to attend all of the training sessions including the court observation.
- I also acknowledge that I will participate in Youth Court of Jefferson County activities throughout the year after being sworn in as a Volunteer of the court. I understand there is a participation / attendance policy in the Code of Ethics.
- I also acknowledge that as a member I am expected to serve as a role model for my peers at all times. I understand if I do not adhere to the above that I will be asked to resign my position as a Member of the Court.

\_\_\_\_\_  
 Youth Signature

\_\_\_\_\_  
 Date

### Parent

- I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.
- My son/daughter and I have discussed this volunteer application to Youth Court and agree, considering his/her other commitments, that (s)he can participate in the Youth Court of Jefferson County program.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date