



Dear Prospective Student Volunteer:

Thank you for your interest in serving as a volunteer with Teen Court. Please complete the *Student Volunteer Application*, *Volunteer Medical Form*, *Permission for Press Release*, and *Oath of Confidentiality*, and return those forms to the Teen Court office.

Teen Court meets on scheduled Tuesday afternoons and evenings. Peer Panels begin at 3:30PM and last until 5:30PM (you can arrive any time after 3:00PM), and Trials begin at 5:00PM and last until 7:00PM. The level of involvement is up to you as a volunteer and depends on other activities in which you participate.

Training sessions are held once a quarter every year to prepare volunteers to serve on Peer Panels and Trials. Basic Attorney Training, Advanced Attorney Training, and the Bar Exam are required for volunteers to serve as student attorneys in the Trials. Teen Court also provides all volunteers with training materials.

Parking is currently available for volunteers in the BACK HALF of the First Presbyterian Church parking lot just east of the Municipal Courthouse off Weber Street.

For safety and identification purposes, all Teen Court volunteers are *required* to wear an official Teen Court shirt during all Teen Court proceedings. Teen Court shirts can be purchased for \$20 even (no tax). **Volunteers who arrive without their Teen Court shirts will be sent home.**

We look forward to your participation and involvement. Thank you again for your interest in volunteering with Colorado Springs Teen Court!

Sincerely,

ERICK GROSKOPF
VOLUNTEER/OPERATIONS DIRECTOR

TYLER KOETS
PROGRAM DIRECTOR

Colorado Springs Teen Court provides a Restorative Justice alternative to regular court sentencing for first-time misdemeanor juvenile offenders. Although Teen Court works in tandem with the Municipal Court system, it remains a **locally-based 501(c)(3) nonprofit organization** that relies on community support to sustain its programs.

Teen Court Student Volunteer Application

Please Print

Date: _____

Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Race/Ethnicity: (circle all that apply) African American Asian Caucasian Hispanic Native American

Home Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

School: _____ Grade: _____

Best way to be contacted: (electronic is the easiest) (circle all that apply) Text Email Phone Mail

Parent's Name: _____ Parent Email: _____

Parent's Name: _____ Parent Email: _____

List the school activities you have been in, both now and in the past.

List any community activities, groups or organizations that you participate in.

List any experience you have with public speaking, forensics, mock trials or debate.

Teacher/Adult Recommendations

You need two adults (other than your parents) to sign this application recommending you as a Teen Court volunteer.

We need responsible, mature student volunteers who will be involved in real court proceedings that determine sentences for first-time misdemeanor offenders.

Signature: _____ Relationship to student: _____

Signature: _____ Relationship to student: _____

Student Volunteer & Parent Signatures

I understand that purchasing a Teen Court shirt is a requirement in order to volunteer. I also understand that a Teen Court shirt **must be worn** at all Teen Court proceedings and functions.

Volunteer Signature: _____

I give my child permission to volunteer with Colorado Springs Teen Court, Inc.

Parent/Guardian's Signature: _____

The Oath of Confidentiality



I solemnly swear or affirm that:

- I will give my full attention to all Teen Court Proceedings which take place in my presence.
- I understand the confidential nature of information (including but not limited to files and records) that I receive from Teen Court.
- I will only use the information for Teen Court business.
- I will not make copies of files and records or allow others to have access to the files and records without consent of an employee or director of Teen Court.
- I will not divulge any of the information which comes to my knowledge in the course of a Teen Court case/session.
- I will return to Teen Court all files and records after completion of the case/session in which I am involved.

Signature

Date

Please Print:

Name (First, MI, Last)

Name of School attending (if applicable)

Colorado Springs Teen Court, Inc. Medical Information

The information provided is to be used by first-responders in case of an emergency.

Name of Participant: _____ **Date of Birth:** _____

Emergency Contact Person: _____

Contact Telephone Number: _____

Current Medications: _____

Medical Allergies: _____

Chronic Conditions: (i.e. diabetes, seizures): _____

Primary Physician: _____

Hospital to be used in case of emergency: _____

The above information is accurate to the best of my knowledge:

Signature of Parent/Guardian

Date

Release

Authorization to Reproduce Physical Likeness

For good and valuable consideration, the receipt of which from _____(NAME) is acknowledged, I hereby expressly grant to TEEN COURT and to its employees, agents, and assigns, the right to photograph me and use my picture, silhouette and other reproductions of my physical likeness (as the same may appear in any still camera photograph and/or motion picture film), in and in connection with the exhibition, theatrically, on television or otherwise, of any motion pictures in which the same may be used or incorporated, an also in advertising, exploiting and/or publicizing of any such motion picture, but not limited to television or theatrical motion pictures. I further give TEEN COURT the right to reproduce in any manner whatsoever any recordation made of my voice and all instrumental, musical, or other sound effects produced by me.

I HEREBY VERIFY AND REPRESENT THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE MEANING AND EFFECT THEREOF AND, INTENDING TO BE LEGALLY BOUND, I HAVE HEREUNTO AGREED TO THIS RELEASE

NAME: (printed) _____

(Signed) _____

PARENT: (signed) _____

DATE: _____