



Colorado Springs Teen Court
P.O. Box 2169
Colorado Springs, CO 80901-2169
Located at: 224 E. Kiowa St.
Phone: (719) 475-7815
Fax: (719) 385-6202
Web: www.springsteencourt.org

Dear Prospective Mentor Attorney:

Thank you for your interest in serving as a mentor attorney with Teen Court! Please complete the following forms and return them to the Teen Court office.

Teen Court trials are usually held on the first Tuesday of every month and run from 5:00PM to 7:00PM. Case information typically gets emailed/faxed the week prior to the trial. The 1st Chair student attorneys are responsible for contacting you before the trial. Defense attorneys and their defendants meet in their scheduled courtrooms on the day of the trial. Prosecuting attorneys meet in the pre-trial room on the 3rd floor (between Divisions 4 and 5). The level of involvement as a volunteer is entirely up to you.

Parking is currently available for volunteers in the BACK HALF of the First Presbyterian Church parking lot just east of the Municipal Courthouse on the corner of Bijou and Weber.

A background check conducted by an outside agency IS REQUIRED for all adults volunteering with Teen Court. Please fill out the Criminal Records and Background Release form at the end of this application and submit it to Teen Court. A fee of \$25.00 must be paid to Teen Court when you submit your Adult Volunteer Application and the background check.

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

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 Adult Volunteer Application

Please Print

Date: _____

Name: _____

Date of Birth: _____

Gender: Male Female

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

Home Phone: _____ Cell: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Local Address (if different): _____

City: _____ State: _____ Zip: _____

E-mail: _____

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

How did you hear about Colorado Springs Teen Court?

Have you ever been charged with OR convicted of a crime? YES NO

If yes, please explain: _____

AUTHORIZATION

I want to apply to be an adult volunteer for Colorado Springs Teen Court, Inc. I understand that to assume this volunteer position, I must agree to undergo a criminal background check. I also understand my acceptance as a volunteer will be contingent upon the outcome of this criminal background check. I give my permission for Teen Court to request this background check, and I furthermore agree to release and hold harmless Colorado Springs Teen Court, Inc., its officers, directors, and employees from any liability of any kind in connection with my being required to undergo a criminal background check, as well as from the outcome of such a background check.

Signature

Date

Return To:

Colorado Springs Teen Court, Inc.
P.O. BOX 2169
Colorado Springs, CO 80901-2169

Questions? Call 719-475-7815

Email: Erick@springsteencourt.org

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, 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 recodation 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) _____

DATE: _____

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)



Colorado Springs Teen Court Mentor Sign-Up Sheet

Teen Court is in need of attorneys to mentor the trained student volunteers during Teen Court Trial sessions. The responsibilities of the mentor include telephone contact prior to trial, assisting the student attorneys from 5:00PM to 5:30PM in preparation for the trial which begins at 5:30PM, and sitting at the attorney table during the trial acting as mentor and advisor. The trials are held in separate courtrooms, all beginning at 5:30PM and lasting until approximately 6:45PM - 7:00PM. Teen Court needs four to six mentor attorneys at each court session depending on how many trials we have scheduled.

The trial dates for Fall 2016 follow. Please check any dates you may be available.

- _____ July 12th, 2016
_____ August 9th, 2016
_____ September 13th, 2016
_____ October 4th, 2016
_____ November 1st, 2016
_____ December 6th, 2016
_____ I am willing to be called as a last-minute replacement.

Mentor Name: _____

Mailing Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

Would you rather receive your Teen Court case by: (please circle one) FAX or EMAIL

Please check if you have a preference as a mentor:

_____ Defense Team

_____ Prosecution Team

_____ Either

Thank you for supporting Colorado Springs Teen Court!

Please call the Teen Court office at 719-475-7815 or e-mail Erick@springsteencourt.org if you have any questions.

