



ENGAGING YOUTH IN LEADERSHIP & COMMUNITY SERVICE

TEEN COURT 2017-18 APPLICATION[©]

Name: _____

School you are/will be attending (Fall 2017):

How did you hear about Teen Court?

- Friend _____
- Family member
- School
- Youth Resources
- Other _____

Date: _____

RETURN COMPLETED APPLICATION:

Youth Resources
c/o Teen Court Program Coordinator
P.O. Box 3635
Evansville, IN 47735

KEEP THIS PAGE FOR YOUR RECORDS.

WHAT IS TEEN COURT?

VANDEBURGH COUNTY TEEN COURT was founded in 2004 in partnership with Vanderburgh County Juvenile Court and Judge Brett Niemeier. Teen Court is an early-intervention/diversion program that offers first-time youth offenders (ages 10-17) an opportunity to turn over a new leaf. Juvenile offenders go before a jury of their peers and are represented by a peer defense attorney. The jury of 8th-12th grade students determines a disposition (verdict) based on restorative justice theory that emphasizes how crimes hurt relationships within our community. The jury's duty is to provide an appropriate sentence for the juvenile offender so they can understand their offense, its impact, and how to make healthy choices in the future. Youth volunteers also act as defense attorneys, prosecuting attorneys, bailiff and judge's assistant. All students are mentored by licensed adult attorneys.

EXPECTATIONS & REQUIREMENTS

Teen Court volunteers must adhere to the following to maintain their good standing in the program:

EXPECTATIONS

1. Be enrolled in 8th-12th grade or home school equivalent.
2. Act respectfully during training meetings and before, during, and after hearings.
3. Live a tobacco-, drug- and alcohol-free lifestyle.
4. Keep all Teen Court information confidential including but not limited to hearing testimony and case documents.

COMPLETED APPLICATION

Please check that you have filled out **and signed** each item listed below AND that your parent/guardian has signed (where appropriate) to ensure that your application is complete!

- Personal information (2 pages)
- References (1 education, 1 community)
- Liability form (1 page)
- Health form (1 page)

Mail:

Youth Resources
c/o Teen Court Program Coordinator
P.O. Box 3635
Evansville, IN 47735

Hand-deliver (M-F, 8am-5pm):

Youth Resources
4451 N. First Avenue
Lower level of First Federal Savings Bank
Evansville, IN 47710

PERSONAL INFO (PLEASE PRINT CLEARLY)

LAST NAME		FIRST NAME		M.I.	
STREET ADDRESS			APARTMENT/UNIT #		
CITY		STATE		ZIP	BIRTH DATE (MM/DD/YYYY)
GENDER*		RACE*	<i>*GENDER AND RACE DOCUMENTATION IS FOR STATISTICAL INFORMATION ONLY.</i>		
CELL PHONE	()	E-MAIL ADDRESS			
SCHOOL				T-SHIRT SIZE	
GRADE (FALL 2016)				GRADUATION YEAR	
PARENT/GUARDIAN FIRST & LAST NAME				PARENT/GUARDIAN EMAIL	
DO YOU HAVE A JOB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, WHERE?		

ABOUT YOU (PLEASE PRINT CLEARLY)

Extracurricular activities (including church activities, school activities & any other groups you're involved in):

Hobbies:

One or more favorite quotes:

Why do you believe you would be a good Teen Court volunteer?

What do you hope to gain from being in Teen Court?

Do you have any additional comments that will help YR know you better?

REFERENCES

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The community reference must be over 21 years of age and cannot be a relative.

EDUCATIONAL REFERENCE

FIRST & LAST NAME _____ POSITION _____

ADDRESS _____ PHONE () _____

COMMUNITY REFERENCE

FIRST & LAST NAME _____ POSITION _____

ADDRESS _____ PHONE () _____

EMERGENCY INFORMATION

PARENT/GUARDIAN PRINTED NAME _____

PARENT/GUARDIAN PHONE () _____

PARENT/GUARDIAN CELL PHONE () _____

PLEASE LIST TWO EMERGENCY CONTACTS BELOW:

NAME & RELATIONSHIP TO STUDENT	ADDRESS	PHONE
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NAME & RELATIONSHIP TO STUDENT	ADDRESS	PHONE
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RELEASE STATEMENT

SHOULD MY APPLICATION BE ACCEPTED, I AGREE TO BE BOUND BY THE BYLAWS AND POLICIES OF YOUTH RESOURCES AND THE VANDERBURGH COUNTY TEEN COURT.

APPLICANT SIGNATURE		DATE	
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I HAVE READ ALL OF THE INFORMATION INCLUDED WITH THIS APPLICATION FORM AND I AM ALLOWING MY DAUGHTER/SON TO PARTICIPATE AS A TEEN COURT VOLUNTEER. I UNDERSTAND THAT, AS PARENT/GUARDIAN, I AM INVITED TO ATTEND THE TEEN COURT TRAINING SESSION WITH OUR DAUGHTER/SON. I AGREE TO ALLOW MY SON OR DAUGHTER'S PHOTO OR VIDEO IMAGE TO BE USED FOR TEEN COURT MARKETING PURPOSES. I FURTHER UNDERSTAND THAT ALL TEEN COURT VOLUNTEERS ARE REQUIRED TO KEEP CASES CONFIDENTIAL.

PARENT/GUARDIAN SIGNATURE		DATE	
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TEEN COURT[©]

LIABILITY & PHOTO RELEASE

I understand that Youth Resources of Southwestern Indiana, Inc., the Teen Court Program Coordinator, court employees and volunteers, any school district in Vanderburgh County and its employees, duly authorized law enforcement officers in any municipality in Vanderburgh County, any community service agency or individuals, and First Federal Savings Bank cannot assume any liability for people attending these Teen Court events. I waive, release and discharge Youth Resources of Southwestern Indiana, Inc., the Teen Court Program Coordinator, court employees and volunteers, any school district in Vanderburgh County and its employees, duly authorized law enforcement officers in any municipality in Vanderburgh County, any community service agency or individuals, and First Federal Savings Bank from any and all claims of liability from my participation in these events. I also give permission for my picture to be used in any Youth Resources promotion.

APPLICANT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

TEEN COURT[©] HEALTH HISTORY

FOR TEEN COURT VOLUNTEER, TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME _____ BIRTH DATE _____ AGE _____ GENDER: MALE FEMALE

HOME ADDRESS _____
STREET & NUMBER CITY STATE ZIP

HOME PHONE _____ GRADE (FALL 2016) _____ SCHOOL _____

MOTHER'S NAME _____ CELL PHONE _____

FATHER'S NAME _____ CELL PHONE _____

PARENT'S EMAIL ADDRESS _____

PARENTS WHO LIVE SEPARATELY CAN USE THIS LINE TO PROVIDE THE INFORMATION FOR (CIRCLE): MOTHER FATHER

HOME ADDRESS _____
STREET & NUMBER CITY STATE ZIP

IN CASE OF AN EMERGENCY, NOTIFY (SOMEONE OTHER THAN PARENT) _____

HOME PHONE _____ CELL PHONE _____ RELATIONSHIP _____

OPERATIONS OR SERIOUS INJURIES (DATES) _____

DISABILITY OR CHRONIC OR RECURRING ILLNESS _____

ACTIVITIES ENCOURAGED OR LIMITED BY PHYSICIAN _____

DIETARY MODIFICATIONS/KNOWN ALLERGIES _____

CURRENT MEDICATIONS _____

NAME OF DENTIST/ORTHODONTIST _____ PHONE _____

NAME OF FAMILY PHYSICIAN _____ PHONE _____

DATE OF PHYSICAL EXAMINATION _____

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? _____ YES _____ NO

IF SO, INDICATE: CARRIER _____ POLICY OR GROUP NUMBER _____

ANY ADDITIONAL HEALTH RELATED INFORMATION _____

THIS HEALTH HISTORY IS CURRENT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED TEEN ADVISORY COUNCIL ACTIVITIES EXCEPT AS NOTED. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE PROGRAM MANAGER TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR MY SON OR DAUGHTER. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE PROGRAM MANAGER TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY SON OR DAUGHTER NAMED ABOVE. EMERGENCY AUTHORIZATION VALID FROM JANUARY 2017 THROUGH MAY 2018.

SIGNATURE OF PARENT OR GUARDIAN _____

I ALSO UNDERSTAND AND AGREE TO ABIDE WITH ANY RESTRICTIONS PLACED ON MY TEEN COURT ACTIVITIES.

SIGNATURE OF PARTICIPANT _____