



ENGAGING YOUTH IN LEADERSHIP & COMMUNITY SERVICE

# Vanderburgh County Teen Court<sup>®</sup> Application

Name: \_\_\_\_\_

School you are/will be attending (Fall 2020):

\_\_\_\_\_

## 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-Th, 9am-4pm):**

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	( )	EMAIL ADDRESS			
SCHOOL (FALL 2020)		T-SHIRT SIZE			
GRADE (FALL 2020)		GRADUATION YEAR			
WOULD YOU LIKE TO RECEIVE TC UPDATES VIA TEXT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

## ABOUT YOU (PLEASE PRINT CLEARLY)

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

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Hobbies:

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One or more favorite quotes:

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

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

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

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## 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 ( ) \_\_\_\_\_

## 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**

**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**

**Vanderburgh County Teen Court Health History**  
FOR TEEN COURT VOLUNTEER, TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GENDER: MALE FEMALE OTHER GENDER \_\_\_\_\_ GRADE (FALL 2020) \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP

STUDENT CELL \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

PARENT 1 NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT 1 WORKPLACE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT 2 WORKPLACE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT 1 EMAIL \_\_\_\_\_ PARENT 2 EMAIL \_\_\_\_\_

PARENTS WHO LIVE SEPARATELY CAN USE THIS LINE TO PROVIDE THE INFORMATION FOR (CIRCLE): PARENT 1 PARENT 2

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 COURT ACTIVITIES EXCEPT AS NOTED. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE PROGRAM COORDINATOR 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 COORDINATOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY SON OR DAUGHTER NAMED ABOVE. EMERGENCY AUTHORIZATION VALID FROM JULY 1, 2020 THROUGH JUNE 30, 2021.

**SIGNATURE OF PARENT OR GUARDIAN**

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

**SIGNATURE OF STUDENT**

# Teen Court Liability & Photo Release

## Liability 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.

## Release to Use Image and Likeness

On occasion, Youth Resources of Southwestern Indiana, Inc. or its representatives takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of myself to be used, distributed or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape and audio recordings. Furthermore, I give permission to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by Youth Resources or its agents to produce resources for staff training, Youth Resources programs, or other uses to promote the work of Youth Resources. Youth Resources may also make these materials available for sale to the public.

## Waiver/Release for Communicable Diseases Including Covid-19 - Assumption of Risk/Waiver of Liability/Indemnification Agreement

In consideration of being allowed to participate on behalf of Youth Resources of Southwestern Indiana, Inc. and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Youth Resources staff member immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Youth Resources of Southwestern Indiana, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releases or otherwise, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**