

<u>Crawford County Teen Court</u>

Youth Volunteer Application Form

Name	Gender _	Age	Date of Birth	
Street Address				
City	Zip			
Home Phone		Cell Phone		
Email Address				
What school do you attend?				
What other volunteer activities do you	ı take part in?			
How did you become interested in tee				
What qualities do you have that would	, -		?	
What do you hope to gain from volunt	eering for Teen Court?			
School Activities (sports, clubs, etc.)				
Activities outside of school (church, cor	nmunity, etc.)			

Have you ever come in contact with or had any experience with law enforcement, or the court system? YES NO (Having had experience with law enforcement or the court system does not mean you will be unable to take part in Teen court. Volunteers will be chosen at the discretion of the Coordinator.)

If you answered yes, please explain				
Have you even been the victim of a crime? YES NO If yes, please explain				
EMERGENCY CONTACT				
Name	Phone			
Address				
VOLUNTEER SIGNATURE				
•	. Lagree to follow all teen court rules and guidelines. Lunderstand			
that if I do not follow those rules that I ma	y be removed as a teen court volunteer. understand that will			
be required to attend a minimum of thre	e teen court sessions each year and take part in a teen court			
volunteer training.				
Volunteer Signature	Date			
PARENT SIGNATURE				
l,	, parent/guardian of			
Hereby agree to allow him/her to participate	ate in the Crawford county Teen Court Program. $$ I hold harmless the			
Crawford County Teen Court Advisory Board	d, its coordinator, employees and officers in any service agency or			
individuals, from any and all action, cause of	of action, or any claims whatsoever and going dated this			
day of, 20	·			
Parent name (Please print)				
Parent Signature	Date			

Mail completed form to: Teen Court Coordinator Amy Mitchell 225 N. Beaumont Rd. Suite 240 Prairie du Chien, WI 53821 amy.mitchell@wisc.edu

Questions? Call Amy @ 608-326-0228