



ADAMS COUNTY TEEN COURT VOLUNTEER APPLICATION

Name: _____

DOB: _____

Age: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Gender: _____

School: _____

Grade: _____

Year to Graduate: _____

Interested in the Following Positions:

Judge (College Student Only)

Defense Attorney

Prosecuting Attorney

Bailiff

Juror

Mentor (College Student or Adult)

Jury Foreperson

What extra-curricular activities are you involved in?

Please list any previous volunteer experience.

Are there any circumstances which make you unavailable to volunteer for certain dates?

I understand I will be asked to participate with Teen Court on a regular basis. I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings. I, _____, hereby certify that all the information in this application is true and complete to the best of my knowledge.

Volunteer Signature

Date

Please submit completed application to:
Patti Hinrikus
Teen Court Coordinator
2727 W. 2nd Street, Suite 410, Hastings,
NE 68901
Office (402) 834-3798

Parent/Guardian Signature

Date