SARPY COUNTY TEEN COURT

VOLUNTEER APPLICATION FORM

NAME: _____ DOB: _____ AGE: ____ SEX: ____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ E-MAIL ADDRESS: _____

PHONE: _____

SCHOOL: _____ GRADE: _____ YEAR TO GRADUATE:

Extra-Curricular activities you are involved in:

_____

_____

_____

List any experience you have with public speaking, mock trials, or debate:

_____

_____

_____

Please describe why you would like to participate in Teen Court:

_____

_____

_____

I am interested in volunteering in Teen Court as a (n):

Attorney _____ Juror_____ Bailiff_____ Jury Foreperson_____

I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings.

_____ _____

Volunteer Signature Date

_____ _____

Parent/Guardian Signature Date

If you have any questions please contact the Diversion Office at (402) 593-2207.

Waiver of Liability and Release

It is understood and agreed that the undersigned Teen Court Participant will perform solely as an individual on a voluntary basis and not as an employee, contractor, or agent of the Sarpy County Teen Court and will not receive any benefits or compensation.

It is further agreed that the undersigned do hereby and forever release, acquit, discharge, indemnify, and covenant to hold harmless, the Sarpy County Teen Court, its officers, agents, and employees from any and all actions, causes of action, claims, liability, demands, damages, costs, losses of service, medical expenses, and compensation, on account , or in any way growing out of any and all known and unknown personal injuries, property damage, or any other type of damage, which the undersigned may hereinafter have, individually and / or as parent, guardian, of custodian, of said minor, resulting or growing out of participation in or observation of the Teen Court Program.

In making this agreement, I rely wholly upon my judgment, belief, and knowledge and have not been influenced to any extent whatsoever by any representations or statements not contained in this agreement.

_____ _____

Teen Court Participant Signature Date

_____ _____

Parent/Guardian Signature Date

Parental Consent for Participation

I hereby give permission for: _____ to participate in the Sarpy County Teen Court Program.

_____ _____

Parent/Guardian Signature Date