

**SARPY COUNTY TEEN COURT**  
**VOLUNTEER APPLICATION FORM**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_

**CUSTODY/GUARDIANSHIP:**

Single Parent  
Both Parents  
Guardian  
State Ward  
Live Independently

**REFERRAL SOURCE:**

Parent/Guardian  
Self  
School  
Other: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

**RACE:**

White  
Black/African American  
American Indian or Alaska Native  
Asian  
Native Hawaiian or other Pacific Islander  
Other: \_\_\_\_\_

**ETHNICITY:**

Hispanic or Latino  
Not Hispanic or Latino  
Other: \_\_\_\_\_

Extracurricular activities you are involved in:

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

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

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

Attorney \_\_\_\_\_ Juror \_\_\_\_\_ Bailiff \_\_\_\_\_ Jury Foreperson \_\_\_\_\_

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

**Confidentiality**

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

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Teen Court Participant Signature

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Date

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Parent/Guardian Signature

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Date

**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 Sarpy County and will not receive any benefits or compensation.

It is further agreed that the undersigned hereby and forever release, acquit, discharge, indemnify, and covenant to hold harmless Sarpy County, its officials, officers, agents, employees and assigns from any and all actions, causes of action, claims, liability, demands, damages, costs, losses of service, medical expenses, and compensation on account of, or in any way growing out of, any and all known and unknown personal injuries or death, property damage, or any other type of damage, which the undersigned and their heirs, representatives, executors, administrators, or any other persons acting on the undersigned's behalf or on behalf of the undersigned's estate may have by reason of participating in or observing the Teen Court Program.

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

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Teen Court Participant Signature

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Date

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Parent/Guardian Signature

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Date

*(I certify that I have the authority to sign this release on behalf of the minor participant and that I am 19 years of age or older.)*

**Parental Consent for Participation**

I hereby give permission for \_\_\_\_\_ to participate in the Sarpy County Teen Court Program.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Image Release**

I, \_\_\_\_\_ (*print name*), hereby grant to Sarpy County and its officials, officers, agents, employees and assigns (“Sarpy County”) the irrevocable and unrestricted right to use, reproduce and publish any photographs of my minor child, \_\_\_\_\_ (*print name*), including his/her image and likeness depicted therein, for the purpose of publicizing the Sarpy County Teen Court Program and for any other lawful purpose including, but not limited to, publication, promotion, illustration, and advertising in any manner and in any medium. I irrevocably authorize Sarpy County to edit, alter, copy, exhibit, publish or distribute such photographs without restriction and to publish my minor child’s name in connection with said photographs without restriction. I waive any right to royalties or other compensation associated with the use of my minor child’s image and name. I further release, indemnify and hold harmless Sarpy County from any and all claims, actions and liability which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. By signing below, I acknowledge that I am 19 years of age or older. I certify that I have the authority to sign this release as the parent/guardian of my minor child and give my consent without reservation to the foregoing on behalf of my minor child.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Nebraska Crime Commission Evaluation  
Parent Permission to Participate  
Informed Consent Form**

Sarpy County Diversion Services has chosen to participate in an evaluation being conducted by the Nebraska Crime Commission and the University of Nebraska at Omaha's Juvenile Justice Institute on its Teen Court Program. The purpose of the study is to determine the effectiveness of programs funded by community-based aid and in promoting positive outcomes for youth.

Information will be reported to the Nebraska Crime Commission for research purposes. This data will be maintained securely by the Nebraska Crime Commission and is a requirement of the State's Community-Based Aid Program.

The data collected through the study includes, but is not limited to, the youth's first and last name, date of birth, residential zip code, and prior history, if any, with the justice system. Other information will be collected but specific data points beyond those mentioned above have yet to be determined by the Nebraska Crime Commission.

Sarpy County is not involved in the evaluation beyond assisting in the collection and reporting of data to the Nebraska Crime Commission. Sarpy County will not share data related to the Nebraska Crime Commission evaluation with third parties unless granted specific permission to do so. However, if the collected data contains information which Sarpy County is legally obligated to share with law enforcement or child welfare authorities, confidentiality cannot be guaranteed.

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*Please select ONE choice and complete the information below.*

- I give permission for the youth named below to participate in the Nebraska Crime Commission evaluation and acknowledge the information provided above. I understand that by giving permission, I agree to the following:
- I have fully read this "Informed Consent Form" and have had the opportunity to discuss any concerns and questions that I have about this evaluation and consent form.
  - I understand that the youth may refuse to participate in the evaluation at any time, and that the youth is free to withdraw their consent and terminate their participation at any time without any effect on their future relationship and involvement with the Sarpy County Teen Court Program.
  - I hereby release, indemnify and hold harmless Sarpy County and its officials, officers, agents, employees and assigns from any and all claims, actions and liability related to participating in this evaluation.
- I do NOT give my permission for the youth named below to participate in this evaluation.

*By signing below, the undersigned acknowledges that s/he is 19 years of age or older.*

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Parent or Legal Guardian Signature

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Date

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Printed Name of Parent or Legal Guardian

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Youth's Name (please print)