

VOLUNTEER AGREEMENT

NAME: _____ AGE: _____

SCHOOL: _____ GRADE: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

BIRTHDATE _____ PARENT/GUARDIAN _____

ACTIVITIES INVOLVED IN _____

After participating in the Teen Court Training Session, I wish to be scheduled as a Teen Court Volunteer.

I would like to serve as a _____

I understand that I may be called upon at any time to serve in Teen Court. I further understand that by signing this agreement, I am committing to be an active member of Teen Court for a minimum of **Six (6) months**. I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings. I understand that if I neglect my responsibility or breach my oath of confidentiality, I will be removed from serving in the Teen Court Program. I further understand that I will remain law abiding during my term with Teen Court.

VOLUNTEER SIGNATURE

DATE

TEEN COURT COORDINATOR