

Randolph County Teen Court and Restitution



STUDENT VOLUNTEER APPLICATION

Date of Application: _____

Role Interest (Circle all that apply): Attorney Jury Clerk of Court Bailiff

Confidential Information - Please print or complete on computer.

Name: _____

Sex: _____ Age: _____ Date of Birth: _____

Street Address: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Parent/Guardian Name: _____ Relationship: _____

Name of School: _____ Grade: _____

Why are you interested in Teen Court? _____

What qualities do you have that would make you a good Teen Court volunteer?

List the activities you are involved in both inside and outside of school (example): band, sports, scouts, etc.). Are there certain days or times of the year that you would not be available?

Please list two references (non-relative, one must be an adult from the school you attend):

Name & Position: _____

Phone: _____

Name & Position: _____

Phone: _____

Student Volunteer:

I understand that I may be called upon at any time to serve in Teen Court. I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings. I understand that if I neglect my responsibilities or breach my oath of confidentiality, I will be removed from serving in the Teen Court Program.

Student Volunteer Signature: _____

Parent/Guardian:

I have read the information about Teen Court and am allowing my daughter/son to participate as a Teen Court volunteer. I understand that we, as parent(s)/guardian(s) are invited to attend the Teen Court Training Sessions and Hearings with our daughter/son. I further understand that all case information is to be kept CONFIDENTIAL.

Parent/Guardian Signature: _____

For any questions regarding the program or this application, and to submit please contact:

Pamela Resch

336-683-8229

Pam.Resch@randolphcountync.gov