



LAKE COUNTY
FLORIDA

TEEN COURT PROGRAM

YOUTH VOLUNTEER APPLICATION FORM

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL: _____

SCHOOL: _____ GRADE: _____

What other activities are you involved with? (School, Church, Community, etc...) _____

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

What do you hope to gain from being in Teen Court? _____

What are your education or career plans after graduation from high school? _____

Volunteer Commitment will be re-evaluated quarterly. Teen Court Volunteers should feel welcome to discuss their hours/participation with the Coordinator at any time.

WAIVER

I, _____, parent/legal guardian of _____, hereby give my child permission to participate in Teen Court. I further agree to hold the Teen Court Coordinator, Clerk of the Circuit Court, County of Lake, City of Tavares, School Board of Lake County, Fifth Judicial Circuit, and their employees, agents and representatives, harmless from any and all liability and against any and all claims, of whatsoever nature and kind, whether it be for injury, loss or damage to persons, property or otherwise, arising out of or in connection with Teen Court.

Signature of child

Signature of parent/legal guardian

Date

Printed name

Please return to: Stephanie Glass, Teen Court Coordinator
P.O. Box 7800 * Tavares, FL 32778-7800
Phone: 352-742-6511 Fax: 352-742-6560