

# **VOLUNTEER APPLICATION FORM**

(Confidential Information)

NAME \_\_\_\_\_ MALE/FEMALE AGE \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

ACTIVITIES OUTSIDE OF SCHOOL (church, community, etc) \_\_\_\_\_

\_\_\_\_\_

WHAT QUALITIES DO YOU HAVE THAT WOULD MAKE YOU A GOOD VOLUNTEER?

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU BECOME INTERESTED IN TEEN COURT? \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST TWO REFERENCES (non-relative, one reference must be an adult from the school you attend)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

VOLUNTEER SIGNATURE \_\_\_\_\_

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 a parent(s)/guardian(s) are invited to attend the Teen Court Training Session with our daughter/son. I further understand that all Teen Court volunteers are required to keep cases

**CONFIDENTIAL.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN COMPLETE APPLICATIONS TO:  
**The Police Department listed closest to you.**

# NORTH COUNTY TEEN COURT

141 W. Main St.

Williamsville, IL 62693

[www.northcountyteencourt.com](http://www.northcountyteencourt.com)

## PARENT/GUARDIAN CONSENT LETTER

Dear Parent/Guardian

Your son/daughter has expressed interest in becoming a Peer Juror. This program is under the auspices of local police departments. Jurors hear cases in which the offender has admitted guilt to committing an offense. Peer Jury cases are recommended by the responsible Officer. The offender and his/her parent or guardian must sign consent to have the case placed before the Peer Jury.

Hearings are held once a month at the Riverton Village Hall. Please sign below if you agree to let your son/daughter participate in the program. Have your son/daughter return the application to the Police Department in your area he/she will be contacted for an interview.

Please feel free to contact the Teen Court Coordinator listed closest to you if you have any question concerning this program.

Sincerely,  
*Officer Alec Tucker, Williamsville*  
*Officer Scott Gaddy, Riverton*

My son/daughter \_\_\_\_\_ has my permission to participate in the Peer Jury Program.

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

PLEASE RETURN TO:

**The Police Department listed closest to you.**

### ***Williamsville Police Department***

Officer Alex Tucker

141 W. Main St.

Williamsville, IL 62693

(217) 566-3634

### ***Riverton Police Department***

Officer Scott Gaddy

1200 E. Riverton Rd.

Riverton, IL 62561

(217) 629-9800