

Leon County Teen Court

301 South Monroe Street, 225 Tallahassee, Florida 32301



Please email the completed form to:

Kristophpa@leoncountyfl.gov

You may also bring the completed form with you to your first night at Teen Court. *Please confirm there is a hearing by sending an email to the above address.*

TEEN COURT VOLUNTEER INFORMATION

Please Print Neatly

Today's Date: ____/____/____

Please notify Teen Court Staff if your information changes while volunteering at Teen Court.

Volunteer Name: _____
Last First Middle Initial

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Current Age: _____ ☐ Male ☐ Female

Current Grade: _____ School Currently Attending: _____ High School Graduation Year: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____
Name Relationship to Student

Phone: _____ Other Phone: _____ Email: _____

Emergency Contact #2: _____
Name Relationship to Student

Phone: _____ Other Phone: _____ Email: _____

☐ I am aware of the Teen Court Dress Code, Courtroom Demeanor, and the Oath of Confidentiality. I am aware that a violation of any of these rules may result in loss of credit for service or suspension from Teen Court.

MEDIA RELEASE

(Optional)

Leon County Teen Court requests permission to take photos and video during Teen Court events. These pictures and video may be used as visual aids on the program's website as well as brochures advertising Teen Court. Video and photos may also be used as part of presentations for the recruiting and training of new and future Teen Court Volunteers as well as for school classes participating in mock trial activities. Teen Court may also share photos and videos with another agency (related to Teen Court's mission and purpose) for recognition and awards purposes.

I, the undersigned, do hereby grant permission to Leon County Teen Court to use the photo or video image of my child, _____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Teen Court website. I agree that these images may be used by Leon County Teen Court for the limited purposes described herein and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature _____ Date _____

Leon County Teen Court Code of Expectations for Teen Volunteers

Leon County Teen Court is committed to the safety and protection of children. This Code of Expectations applies to all teen participants.

Confidentiality

The importance of honoring the Oath of Confidentiality cannot be overstated. The business of appearing in any court is a personal matter. All aspects of a Teen Court hearing should be considered confidential. Failure to respect this agreement can result in dismissal from the program.

Safety

All teen participants must park or be dropped off and picked up in the parking lot to the North (left) of the courthouse annex. Participants are not to be dropped off or park behind, or to the South (right) of the courthouse annex. Each teen participant will provide emergency contact information to be kept at the annex and the main courthouse. When attending events at sites other than the annex, teen participants must provide written permission to attend while accompanied by Teen Court staff.

Outside the Courtroom

Communicating with adult volunteers outside of Teen Court event is not permitted. Exchanging information or connections on social media is not allowed. If an adult volunteer attempts to contact a teen participant outside of Teen Court, please contact the Program Manager or other staff immediately.

In order for everyone to have a positive, encouraging experience at Leon County Teen Court, we ask all teen volunteers to abide by the following Code of Expectations:

I will not divulge, either by words or signs, any information which comes to my knowledge, in the course of a Teen Court hearing, and that I will keep secret all said proceedings which may be held in my presence.

Initials _____

I understand that I will adhere to Teen Court safety rules by using the Drop Off/Pick Up procedures and supplying emergency contact information for Teen Court hearings and events held outside the courthouse annex.

Initials _____

I understand that I may not exchange any personal information such as social media accounts, addresses, phone numbers, email addresses, etc., with adult volunteers under any circumstances. I understand I am not to attempt to contact adult volunteers, by any means, including but not limited to, social media, telephone, letters, or email.

Initials _____

I understand that I must immediately report violations of the Teen Court Code of Expectations and/or other policies, or suspected violations to the Program Manager or other staff immediately.

Initials _____

Printed Name

Date

Signature