

VOLUNTEER APPLICATION FORM
(CONFIDENTIAL INFORMATION)

NAME _____ SEX _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER _____ PARENT/GUARDIAN NAME _____

SCHOOL YOU ATTEND _____

SCHOOL ACTIVITIES _____

ACTIVITIES OUTSIDE OF SCHOOL (CHURCH, COMMUNITY, ETC.) _____

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

I WOULD LIKE TO SERVE AS A _____ SECOND CHOICE _____

PLEASE LIST TWO REFERENCES (NON-RELATED, ONE MUST BE ADULT FROM SCHOOL)

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

I UNDERSTAND THAT I MAY BE CALLED UPON AT ANY TIME TO SERVE IN YOUTH COURT. I WILL TAKE MY RESPONSIBILITY SERIOUSLY AND WILL MAINTAIN CONFIDENTIALITY REGARDING ALL YOUTH COURT PROCEEDINGS. I UNDERSTAND THAT IF I NEGLECT MY RESPONSIBILITY OR BREACH MY OATH OF CONFIDENTIALITY, I WILL BE REMOVED FROM SERVING IN THE YOUTH COURT PROGRAM.

VOLUNTEER SIGNATURE _____ DATE _____

I HAVE READ THE INFORMATION ON YOUTH COURT AND ALLOW MY SON/DAUGHTER TO PARTICIPATE AS A YOUTH COURT VOLUNTEER. I UNDERSTAND THAT ALL YOUTH COURT VOLUNTEERS ARE REQUIRED TO KEEP CASES CONFIDENTIAL.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

YOUTH COURT DIRECTOR _____ DATE _____

WHEN APPLICATION IS COMPLETED, RETURN TO WHERE YOU RECEIVED APPLICATION (SCHOOL OFFICE, ETC.) OR:



Merry Speicher
Director



Oneida County Youth Bureau ♦ Oneida County Office Building ♦ 800 Park Avenue ♦ 5th Floor
Utica, NY 13501 ♦ (315) 793-6095 ♦ Mspeicher@ocgov.net