

Duplin County Teen Court

“We Live, We Learn, We Grow, We Become”

Youth Volunteer Application Form

Name _____ Email _____ Sex ____ Age ____ DOB _____

Address _____ City _____ State NC Zip _____

Primary Telephone # _____ Alternate Telephone # _____

School You Attend _____ Grade _____

School Activities _____

Activities Outside of School (church, community, etc.) _____

What Qualities Do You Have that Would Make You A Good Teen Court Volunteer? _____

References: Please attach letters of recommendation from 2 individuals. 1 reference must be an adult from the school you attend. Examples such as a teacher, counselor, and/or principal, etc. are acceptable. No relatives please! Please provide a recent copy of your grades.

Parent/Guardian Name _____ **Date** _____

Parent/Guardian Signature _____ **Email** _____

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 and follow Teen Court guidelines. I pledge to assist him/her in being successful Teen Court volunteer.

When application is completed return to:

Mediation Center of Eastern Carolina
Duplin County Teen Court
Post Office Box 981
105 East Hill Street - Suite #4
Kenansville, NC 28349-0061
Phone: **910•275•0003**/ Fax: **910•275•0333**
www.mceconline.org