



ONslow COUNTY TEEN COURT



Mediation Center of Eastern Carolina

Providing Peaceful Solutions to Conflict

YOUTH VOLUNTEER APPLICATION FORM

Name _____ Sex _____ Age _____ DOB _____

Email _____

Mailing Address _____ City _____, NC Zip _____

Parent/Guardian Telephone # _____ Alternate Telephone # _____

School You Attend _____ Grade _____

School Activities _____

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

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

Position(s) of Interest: Jury Member Attorney (Prosecution, Defense) Clerk Bailiff Sketch Artist

Circle the position(s) you would be most interested in

References: (1 reference must be an adult from the school you attend: ex. Teacher, Counselor, Principal. No relatives please.)

Name _____ Title _____

Email Address _____ and/or Phone _____

Name _____ Title _____

Email Address _____ and/or Phone _____

I grant permission for my child to volunteer for Teen Court and pledge to assist him/her in being a successful Teen Court volunteer. I understand that all Teen Court volunteers are required to keep cases CONFIDENTIAL and follow Teen Court guidelines.

Parent/Guardian Printed Name _____ **Date** _____

Parent/Guardian Signature _____

Completed applications should be returned to the Teen Court Coordinator via email or postal mail to
droy@mceconline.org or arhaburn@mceconline.org **Onslow County Teen Court**
410 New Bridge St. Suite 5B, Jacksonville, NC 28540 / Phone: **910.378.0657** or **704.326.1734**