

## TEEN COURT YOUTH VOLUNTEER APPLICATION

| Name: Date:   |   | Email .         | Address:        |                   | Phone Number:                |  |  |  |
|---------------|---|-----------------|-----------------|-------------------|------------------------------|--|--|--|
| School:       | Grade:  | Age:            |                 | Race:             | Gender:                      |  |  |  |
| Parent/Guardi | ian Name:                                     | Phone I         | Number:         |                   |                              |  |  |  |
| Mailing Addre | ess:  | City:           | State:          | Zip Code:         |                              |  |  |  |
| How did you l | hear about Teen Court?                        | ?               |                 |                   |                              |  |  |  |
| What made yo  | ou decide to volunteer v                      | with Teen Cour  | t?              |                   |                              |  |  |  |
| What are you  | hoping to gain from th                        | is experience?  |                 |                   |                              |  |  |  |
|               | held one Tuesday nigh                         | t per month beg | ginning at 5:30 | p.m. Are you invo | olved in any activities that |  |  |  |
| Yes           |   | ] No            |                 |                   |                              |  |  |  |
| If so, what?  |   |                 |                 |                   |                              |  |  |  |
|               | people that you will be must be your school's | _               |                 | •                 | •                            |  |  |  |
| Name:         | Relations                                     | hip:            | Phone           | e Number or Emai  | l Address:                   |  |  |  |
| Name:         | Relations                                     | hip:            | Phone           | e Number or Emai  | l Address:                   |  |  |  |

Please be sure this application is complete before submitting it in person at 113 Nash Street, Suite 205, Wilson, NC 27893 or emailing it to jharris@mceconline.org. Please ask your references to email the signed letter of recommendation form to jharris@mceconline.org. The reference letter forms (below) are required before volunteer service can begin. You will be contacted about training after your application is complete.

## CHARACTER REFERENCE FORM

The applicant below would like to be accepted by the <u>Wilson County Teen Court Program</u> for the purpose of being a volunteer. If accepted, she/he will spend time supporting our clients in various activities. You will be contacted by our organization to confirm this reference.

| 1.       | Name of applicant:                                 | -     |  |
|----------|--|-------|--|
| Re       | ference Information:                               |       |  |
|          | Name of reference:                                 |       |  |
|          | Phone number:Email Address:                        |       |  |
| I confii | rm that the information below is true and correct. |       |  |
| Signatu  | re of the reference:                               | Date: |  |
|          |  |       |  |
| 5.       | How long have you known the applicant:             |       |  |
| 6.       | How do you know the applicant:                     |       |  |

 $7. \quad \text{Please check the most appropriate box regarding the applicant's abilities:} \\$ 

| Abilities                   | Excellent | Very Good | Good | Poor |
|-----------------------------|-----------|-----------|------|------|
| Communication Skills        |           |           |      |      |
| Work Quality                |           |           |      |      |
| Attitude                    |           |           |      |      |
| Reliability                 |           |           |      |      |
| Maturity                    |           |           |      |      |
| Helpfulness                 |           |           |      |      |
| Ability to work with others |           |           |      |      |

| 8. Ple | ease describe | why yo | u think 1 | the appli | icant would | l be su | iitable | for th | ne program |
|--------|---------------|--------|-----------|-----------|-------------|---------|---------|--------|------------|
|--------|---------------|--------|-----------|-----------|-------------|---------|---------|--------|------------|

9. Please provide any additional comments about the applicant's character:

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|----------|--|-------|--|
| Re       | ference Information:                               |       |  |
|          | Name of reference:                                 |       |  |
|          | Phone number:Email Address:                        |       |  |
| I confii | rm that the information below is true and correct. |       |  |
| Signatu  | re of the reference:                               | Date: |  |
|          |  |       |  |
| 5.       | How long have you known the applicant:             |       |  |
| 6.       | How do you know the applicant:                     |       |  |

 $7. \quad \text{Please check the most appropriate box regarding the applicant's abilities:} \\$ 

| Abilities                   | Excellent | Very Good | Good | Poor |
|-----------------------------|-----------|-----------|------|------|
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| Attitude                    |           |           |      |      |
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| Ability to work with others |           |           |      |      |

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|--------|---------------|--------|-----------|-----------|-------------|---------|---------|--------|------------|
|--------|---------------|--------|-----------|-----------|-------------|---------|---------|--------|------------|

9. Please provide any additional comments about the applicant's character: