



## Volunteer Agreement/Release Form

Name of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

(city & zip code)

School \_\_\_\_\_

Parent Email \_\_\_\_\_

Youth Email \_\_\_\_\_

As a Volunteer of the Capital Area Teen Court program, I understand and agree to the following conditions and responsibilities.

1. A volunteer must agree to serve a term of one year, but are not limited to one year.  
Note: Volunteers choose hearing dates that fit their schedules, but are encouraged to volunteer as often as possible.
2. Volunteers are required to be at least 13 years of age and no older than 18 years of age.
3. Volunteers will participate in a training program or approved apprenticeship program.
4. Volunteers will follow the Teen Court dress code accordingly.
5. Volunteers will follow the Teen Court safety precautions for pick up and drop off.
6. Volunteers will communicate their availability or absence to the Volunteer Coordinator.
7. Volunteers will be removed from serving if they are philosophically incompatible with the program's purpose, miss two Teen Court hearings without notifying the staff (attorneys only), or are in breach of confidentiality.
8. Volunteers are required to insure that in addition to holding the youth accountable, special attention is given to community responsibility and to the victim.

## Oath of Confidentiality

As volunteers, your acceptance into the Teen Court program is determined by your adherence to rigid standards of confidentiality. Therefore, you must understand and agree to the following:

1. When you begin participation in Teen Court you may have access to various case files and other pertinent records. These may **never** be copied or in any way removed from the office except as needed for hearings.
2. As a Teen Court volunteer, you are **not** to discuss cases with anyone! You will **not** divulge any information which comes to your knowledge in the course of any Teen Court hearing's.
3. As a volunteer, you are **not** to serve as any role within the same courtroom as a friend, mentee, or acquaintance that is currently a client completing the Teen Court program.

## Parent/Guardian Acknowledgements

### Media Release

I hereby give my permission for \_\_\_\_\_ to be photographed and /or interviewed by the press concerning his/her activities as a volunteer with the Capital Area Teen Court or other related programs. I understand that such photographs may be published to news sources, social media, and other information sources.

### Mock Trial / Zoom Call Trainings Release

I hereby give my permission for \_\_\_\_\_ to be included in a mock trial or zoom meeting that is recorded for training purposes. I understand that such recording may be published to news sources, social media, Teen Court website, and other information sources.

### Safety Acknowledgement

I understand that my child is supervised by staff during arrival, throughout court, and until they exit the building upon parent arrival. Youth that drive themselves are encouraged to park close to the building in well lit places. Staff encourage youth to contact their parent/guardian upon reaching their vehicle. Teen Court staff supervision does not extend beyond the confines of the building.

### Medical Release

We/I hereby authorize ReEntry, Inc. to act as an agency for the undersigned to consent to medical/surgical treatment or hospital care which is deemed advisable by an EMT/physician/surgeon on an emergency basis in the event in which I cannot be reached.

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Student Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This program is being funded in its entirety by state and county grants. One of the state funding requirements is an accurate evaluation of the program's effectiveness. This evaluation will summarize results for the students who participated *as a group*.

Information about your child will be treated as confidential; your child will not be identified individually in any reporting outside the agencies and personnel directly involved in the program.\*