



Adult Volunteer Information Form & Agreement

Dear Volunteer,

Thank you for your interest in becoming an adult volunteer for the Capital Area Teen Court program. Adults may serve in the capacities listed on the following page and will be given verbal and written instructions for each role.

Consent to Background Check

Due to the direct contact you will be having with youth offenders and volunteers, our agency requires that we conduct a criminal background check for all adult volunteers. This background check is performed to identify any persons who may have a history of criminal activity that would prevent them from being a safe, appropriate volunteer for our youth. By completing the information and signing below, you are indicating that you understand that the background check is part of our adult volunteer screening process. Please be assured that only Capital Area Teen Court personnel will have access to your personal information, and that it will be used solely for the purpose of the background check. Thank you for your cooperation.

Adult Volunteer Information

Name _____

Address _____ City _____ Zip _____
(Business or Home)

Date of Birth _____ NC Driver's License # _____

Social Security Number _____

Occupation _____

Work Phone # (____) _____

Home Phone # (____) _____

E-mail _____

How did you hear About Teen Court?

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.

I, _____, affirm that the above information is correct and consent to the use of this information for the purpose of a criminal background check. I also understand that my role as a volunteer does not extend to external activities outside the scope of the Teen Court program.

Signature

Date

POSITION

RESPONSIBILITIES

Courtroom Monitor	Aids in the transition between cases and monitors the courtroom for inappropriate behavior. Materials provided: Teen Court Docket.
Exit Interviewer	Meets with the offender and family after the hearing to review the various components of the sentence. Answers any questions the family may have regarding the hearing or their sentence. Materials provided: Teen Court Exit Interviewer Notebook & Teen Court Docket.
Judge (Judge or licensed attorney)	Presides during the hearing. Materials provided: Teen Court Script, Docket, Case Files, & Legal Resource Manual
Jury Monitor	Sits with the jury during the hearing and deliberations. Helps facilitate discussion and redirects inappropriate behavior. Signs jury sheets for past defendants serving jury duty. Materials provided: Jury Monitor Instructions, Teen Court Jury Verdict Form.
Mentor Attorney (Licensed attorney)	Aids youth attorneys in preparing cases and gives constructive feedback on their presentations. Materials provided: Mentor Attorney Instructions, Observation form, and Court Docket.

While you are volunteering, parents or youth may have questions that you cannot answer. A teen court staff person will be located in the lobby area of the second floor to assist you with any questions or concerns.

If an emergency situation arises while you are volunteering, please follow the procedure outlined below.

- 1) Notify the law enforcement officer in the lobby of the second floor.
- 2) If necessary, dial 911 (phones are located in Judge's chambers.)
- 3) Notify a Teen Court Staff Person

Thanks for volunteering!

Initials _____

REFERENCE FORM

Please list three persons who have known you for at least one year and know you well enough to evaluate your character and/or ability to work with children. References listed should not include relatives or those living with you. Please include at least one employer (past or present).

Name_____ Relationship_____

Street Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Work Phone_____

Name_____ Relationship_____

Street Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Work Phone_____

Name_____ Relationship_____

Street Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Work Phone_____

Thank you for your interest in the Capital Area Teen Court Program!