Volunteer Agreement/Release Form

CAPITAL AREA TEEN COURT

Name of Volunteer_____

Date _____

Parent/Guardian's Name _____

Parent Phone # _____

Address _____ **Birthdate**_____

_____,_____
(city, zip code)

Grade _____

School_____ **Preferred Pronouns:** _____

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 at least one year, but is not limited to one year.
2. Volunteers are required to be at least 12 years of age and no older then 18 years of age.
3. Volunteers will participate in a training program for certain Teen Court volunteer roles (if applicable).
4. Volunteers will follow the Teen Court dress code.
5. Volunteers will follow the Teen Court Protocols for drop-off and pick-up. This includes, but is not limited to, being picked up and dropped off at the correct time, and remaining in eyesight of staff.
    a. Must be picked up within 30 minutes of court concluding. If no ride is located within that time, we will contact the emergency contact and give a warning. After the second instance of this, the youth will no longer be able to volunteer with Capital Area Teen Court.
6. Volunteers will communicate their availability or absence to the Volunteer Coordinator as soon as they are aware of it.
7. Volunteers are required to insure that in addition to holding the youth accountable, special attention is given to community and to the harmed persons.
8. Volunteers will respect and support an inclusive, non-discriminatory environment for all adults and youths in and outside of the courtroom.
9. 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, consistently cancel after being sent cases (attorneys only), violate pick-up and drop-off protocols, or are in breach of confidentiality.

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 courthouse 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 hearings.
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.

Guardian Acknowledgements

Media Release

I hereby give my permission for _____ to be photographed and /or interviewed by the press concerning their activities as a volunteer with the Capital Area Teen Court. I understand that such photographs may be published to the website, social media, or other information sources.

Mock Trial Trainings Release

I hereby give my permission for _____ to be included in a mock trial that is recorded for training purposes. I understand that such recording may be published the website, social media, or 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 guardian arrival. Youth that drive themselves are encouraged to park close to the building in well lit places. Staff encourage youth to contact their guardian upon reaching their vehicle. Teen Court staff supervison does not extend beyond the confines of the courthouse.

Medical Release

We/I hereby authorize Criminal Justice Alternatives 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:_____

Guardian Signature: _____ Date:_____

*This program is being funded in its entirely 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.*

REENTRY YOUTH DEVELOPMENT
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