



**TEEN COURT IN DAKOTA COUNTY**  
**VOLUNTEER APPLICATION**  
**CONFIDENTIAL INFORMATION**



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RACE (CIRCLE ONE): WHITE                      AFRICAN AMERICAN                      LATINO/HISPANIC  
    NATIVE AMERICAN                      ASIAN AMERICAN                      OTHER

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Can we contact your by text message? (Circle One):      Yes      No

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Were you referred by or know any other teen volunteers? If so, who? \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

**CONFIDENTIALITY**

I understand I may be called upon at any time to serve on Teen Court. I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings. I understand I will be removed from the Teen Court Program if I neglect my responsibility or breach the oath of confidentiality.

VOLUNTEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PUBLICITY**

*(Photo Release - Please Sign If Permission Is Granted)*

I give my permission for \_\_\_\_\_ to be photographed and/or interviewed by the news media for activities of Teen Court, as approved by Siouxland CARES.

NAME OF STUDENT (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SEND COMPLETED FORM TO:**

Teen Court Coordinator  
 %Siouxland CARES  
 101 Pierce Street  
 Sioux City, Iowa 51101  
 Or, email: [DakotaCountyTeenCourt@Gmail.com](mailto:DakotaCountyTeenCourt@Gmail.com)