



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



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 RACE (CIRCLE ALL THAT APPLY): American Indian/Alaska Native Asian  
 Black/African American Hispanic/Latino Native Hawaiian/Other Pacific Islander  
 White/Caucasian Other Race Multiple Races Unspecified

VOLUNTEER CELL PHONE: \_\_\_\_\_

VOLUNTEER EMAIL: \_\_\_\_\_

May we text you? (Circle One): Yes No

**To receive text reminders from Teen Court via REMIND, please text @99365 to 81010.**

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

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

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

CUSTODY/GUARDIANSHIP (Circle One) Single Parent Both Parents Guardians

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 \_\_\_\_\_

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**PUBLICITY**  
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*(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  
 PO Box 4553  
 Sioux City, Iowa 51102  
 Or, email: [DakotaCountyTeenCourt@gmail.com](mailto:DakotaCountyTeenCourt@gmail.com)

## **APPLICATIONS BEING ACCEPTED FOR TEEN COURT VOLUNTEERS**

**VOLUNTEER POSITIONS INCLUDE: JURORS, JURY FOREPERSON, BAILIFF, PROSECUTING ATTORNEY, AND DEFENSE ATTORNEY**

### **YOU ARE ELIGIBLE IF . . .**

- You are in grades 9-12
- You are interested in being part of a Teen Court
- You are able to attend (at least) six of the twelve hearings each year
- You are able to make a one year commitment to participate

### **BENEFITS INCLUDE:**

- Knowledge of the legal system
- Reference letters for jobs and honors
- Opportunity to serve and have an impact in your community
- Strengthening leadership skills

**Teen Court (hearings are held the 4<sup>th</sup> Tuesday of the month unless otherwise noted)**  
from 4:30 to 6:00 p.m. in the South Sioux City Council Chambers, 1615 First Avenue, South Sioux City.

Attorneys should be present at 4:15 p.m.  
All others should be present at 4:30 p.m.

### **2020 DATES**

Tuesday, January 28  
\*Tuesday, February 11 (Training)  
Tuesday, March 24  
Tuesday, April 28  
Tuesday, May 12 (second Tuesday)  
Tuesday, June 23  
Tuesday, July 28  
\*Tuesday, August 11 (second Tuesday) (Training)  
Tuesday, September 22  
Tuesday, October 27  
Tuesday, November 10 (second Tuesday)  
Tuesday, December 8 (second Tuesday)

*\*Please note, our Teen Court volunteer trainings will be held in February and August  
from 4:00 to 7:00 p.m. in the South Sioux City Council Chambers.*

### **FOR MORE INFORMATION CONTACT:**

Teen Court Coordinator  
%Siouxland CARES  
Phone: (712) 255-3188  
[DakotaCountyTeenCourt@gmail.com](mailto:DakotaCountyTeenCourt@gmail.com)

**IF YOU KNOW SOMEONE THAT WOULD BE INTERESTED IN THIS INFORMATION AND BEING A**