

LONGVIEW TEEN COURT, INC.

PO Box 3895 * Longview, TX 75606 * 903-237-2736 * www.longviewteencourt.org

VOLUNTEER STUDENT ATTORNEY APPLICATION

NAME: _____ SHIRT SIZE: _____

ADDRESS: _____ CITY/ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL (print clearly): _____

DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

ACTIVITIES/CLUBS: _____

EMPLOYER: _____ PHONE: _____

PARENTS NAME(S): _____

All Teen Court volunteer attorneys must agree to serve at least 6 months in the Teen Court program. You must also agree to attend and participate in all student attorney meetings, functions, trainings, and fundraisers. Attorneys **MUST** attend on their assigned Teen Court nights or have a replacement authorized if they are unable to attend.

There is a \$20 yearly membership fee for the Teen Court Program that covers the cost of your Teen Court shirt and meeting/training expenses.

Teen Court begins at 5:00 pm on the scheduled Monday night. Teen Court Volunteers must always be on time when volunteering on Teen Court nights and be in proper dress mode. (Teen Court shirt, khaki pants/shirt, closed toe shoes; no hats, facial piercings, or shorts.)

As an applicant, if an attorney fails to appear to scheduled meetings, functions, or Teen Court nights more than 3 times, we will assume that the applicant choosed not to participate and will remove his/her file and name from our volunteer list.

If a student is volunteering for credit hours through their school, they must meet all the above criteria before receiving credit.

By signing below you attest that you have read the above terms and understand the rules and commitments of volunteering with the Longview Teen Court program.

(Print Name)

(Signature)

Date: _____

OATH OF CONFIDENTIALITY

As a volunteer of Longview Teen Court, I understand I will be dealing with matters pertaining to juveniles, which is strictly confidential. I understand the Laws of the State of Texas regarding a juvenile state that any information regarding a juvenile is confidential and not to be released to anyone other than a law enforcement agency or a Court when the proper written request has been received.

The Executive Director shall be the only person that may release any information regarding information in the Teen Court files/classes or the operations of Teen Court

I will not divulge to anyone, any information regarding matters applying to any student in the Teen Court Program, their family, or any matter related to the operation of Longview Teen Court. Penalty for doing so may result in a charge of Contempt of Court being brought against the party who releases such information.

I understand and agree that should the Executive Director be notified that I have divulged any such information, after a counseling session, it shall be at the sole discretion of the Executive Director whether I will be maintained or terminated. If my position is maintained, a written reprimand will be placed in my file. And I agree if I am terminated under this agreement it shall be for just cause.

By my signature below, I verify that I have read, signed and received a copy of this Oath.

Parent/Guardian

Signature: _____

Volunteer Printed

Name: _____

Volunteer

Signature: _____

Date: _____