

LONGVIEW TEEN COURT, INC.

P.O. Box 3895 • Longview, TX 75606 • 903-237-2736 • www.longviewteencourt.org

Volunteer Application (Adult)

Name:(first, middle, last)_____

Maiden Name:_____

Address: _____

Date of Birth: _____ Home Phone: _____ Cell Phone:_____

SSN: _____ Email address:_____

Emergency contact name and two telephone numbers:_____

Do you speak Spanish?____ Days/hours available to work?_____

Please list three references with addresses and phone numbers:

1. _____

2. _____

3. _____

Have you ever pled guilty or no contest, been convicted, placed on deferred adjudication, community service, or probation to a felony or misdemeanor offense in civil or military court?

____yes____no

If yes: 1. Arrested date:_____ Location:_____ Charge:_____

Result:_____

2. Arrested date:_____ Location:_____ Charge:_____

Result:_____

CONFIDENTIALITY AGREEMENT:

I understand Teen Court deals totally 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 by anyone other than an appropriate party.

I will not divulge to anyone, any information regarding cases in the Teen Court Program or their family, and penalty for doing so may result in my termination as a volunteer, as well as a charge of contempt being brought against me for releasing such information.

I PROMISE TO KEEP CONFIDENTIAL ANY AND ALL INFORMATION REGARDING DEFENDANTS AND/OR THEIR CASES THAT I MAY BECOME FAMILIAR WITH AS A VOLUNTEER FOR LONGVIEW TEEN COURT.

I certify that the above statements are complete and accurate. False statements shall be grounds for disqualification from volunteering with Teen Court. I authorize Longview Teen Court to conduct a criminal background check prior to my being considered for a volunteer position.

Date

Signature of Teen Court Volunteer Applicant