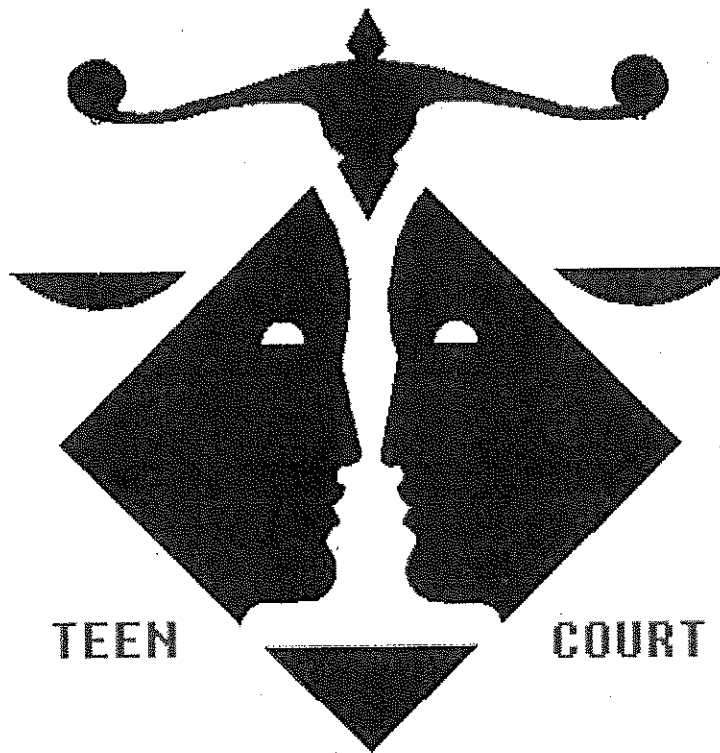


TEEN COURT of CLAY COUNTY, FLORIDA INC.



VOLUNTEER APPLICATION

TEEN COURT of CLAY COUNTY, FLORIDA, INC
VOLUNTEER APPLICATION

Full Name _____ Date _____
Last First Middle

Maiden Name _____ Previous Last Names _____

Residence Address _____
(Street) (City) (Zip)

Phone _____ E-mail address: _____

Employment Name _____ Phone _____

Address _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Drivers License # _____

Race _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Position as a Volunteer with TEEN COURT OF CLAY COUNTY, FLORIDA, INC.
(please circle all that apply)

Judge	Hallway monitor
Peer Circle Leader	Team mom/dad
Speaker	Chaperone
Courtroom Monitor	Teen Attorney Trainer
Mock Trial Coach	

Are you a former TEEN COURT OF CLAY COUNTY, FLORIDA, INC. participant:
Yes _____ No _____

Which category best describes your occupation:

Police Officer	City/County/State Employee	Attorney
Retired/Military Veteran	Active Military	Educator
Blue Collar Worker	Corporate Professional	Other _____
Private Business owner	Homemaker	

Copies of the following must accompany application:

Driver's License
Finger Print card
Rev 2/05

REFERENCES

Please print **COMPLETE** name, address, and relationship of three people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a volunteer with children. Please **do no** include family members, current boyfriends, girlfriends, or fiancées as references.

<u>NAME</u>	<u>ADDRESS</u>	<u>ZIP CODE</u>	<u>PHONE NUMBER</u>
1. _____	_____	_____	() _____
<u>Relationship</u>	_____	_____	<u>Years Known</u>
2. _____	_____	_____	() _____
<u>Relationship</u>	_____	_____	<u>Years Known</u>
3. _____	_____	_____	() _____
<u>Relationship</u>	_____	_____	<u>Years Known</u>

Volunteer Oath

As a volunteer with the TEEN COURT of CLAY COUNTY, FLORIDA, INC. program, I will always act in a behavior that is in the best interest of the youth and organization. Accordingly, I pledge to each of the following volunteer policy statements. **Please initial your approval next to each statement.**

_____ I understand that any unethical behavior on my behalf will result in the Board of Directors terminating my participation with the TEEN COURT of CLAY COUNTY, FLORIDA, INC. Program.

_____ I will not arrange personal contact with any "Teen Court youth" outside the scope of the TEEN COURT OF CLAY COUNTY, FLORIDA, INC.

_____ I understand that the TEEN COURT of CLAY COUNTY, FLORIDA, INC will terminate my partnership if I violate any of the above policies.

I hereby authorize TEEN COURT of CLAY COUNTY, FLORIDA, INC. to contact my employer for employment verification and references provided for a back ground investigation. I also understand that this application process will require that a criminal history background check will be conducted by TEEN COURT of CLAY COUNTY, FLORIDA, INC. and that I must provide a finger print card.

Applicant Signature

Date

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20 _____,

My Commission expires on _____, 20 _____, Personally Known _____

Or produced identification _____ Notary Public _____

Type of identification produced: _____

TEEN COURT of CLAY COUNTY, FLORIDA, INC.

Volunteer Waiver and Release of Liability

In consideration of volunteering for the TEEN COURT OF CLAY COUNTY, FLORIDA, INC. I, with intent to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights claims for damages, including any claim of loss, damage or injury to my person or property, whether or not known or reasonably foreseeable, which may be associated with my activities with the TEEN COURT OF CLAY COUNTY, FLORIDA, INC. I shall hold harmless, indemnify and defend the TEEN COURT OF CLAY COUNTY, FLORIDA, INC., their directors, officers, employees, representatives and agents against any claim, action, loss, damage, injury, liability, cost and/or expense of any kind or nature (including but not limited to, attorney's fees and court costs) arising out of injury (whether mental or corporeal) to myself, including death, or damage to property, arising out of my volunteer association with the TEEN COURT OF CLAY COUNTY, FLORIDA, INC..

I hereby consent to allow any photograph or likeness of me to appear in any official document, advertisement, and/or television coverage of the TEEN COURT OF CLAY COUNTY, FLORIDA, INC., including sponsorship advertisements, without compensation to me.

I have read this waiver, and knowledge the content of this waiver and release of liability do hereby for myself, my heirs, executors administrators or any other party who may initiate a claim on my behalf, waive and release the TEEN COURT OF CLAY COUNTY, FLORIDA, INC. Further, I covenant not to initiate any action against the TEEN COURT OF CLAY COUNTY, FLORIDA, INC. I shall hold harmless and indemnify all others including the TEEN COURT OF CLAY COUNTY, FLORIDA, INC. volunteers, suppliers, agents, employees, and other personnel in any manner assisting or connected with TEEN COURT OF CLAY COUNTY, FLORIDA, INC. from any and all claims or liability of any kind or nature whatsoever, arising out of my participation, regardless of whether the liability arises from the negligence or carelessness on the part of the persons or parties named in this waiver.

Volunteer Signature

Date

Please Print Name: _____