

HERNANDO COUNTY YOUTH COURT ADULT VOLUNTEER APPLICATION

Name		DOB		Email	
Address					
City		State		Zip	
Home Phone:			Cell Phone:		
Drivers License Number :			Social Security Number:		
In case of emergency, notify:					
Name:					
Phone:					
Interests, Skills and Hobbies:					
Education and Occupation:					
Have you ever been found guilty of a crime?			Yes		No
If so, what charge?					
Have you ever come in contact with or had any experience with any law enforcement agency of the court system? If so, please explain:					
Have you ever been the victim of a crime?			Yes		No
If so, please explain:					

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.

Signature of Volunteer

Date
|

John A. Heyne, Youth Court/Volunteer Coordinator, (352) 540-6263, e-mail: jheyne@circuit5.org

HERNANDO COUNTY YOUTH COURT 20 N. Main Street, Rm. 219
Brooksville, FL 34601
Phone (352) 540-6263 -Fax (352) 754-4235

MEDIA WAIVER FORM

Media Waiver of Confidentiality and Memorandum of Understanding

I, _____ agree to speak with, be photographed by, and/or be videotaped by the media and have my name used and agree to have my face shown on television or videotape or the Internet for the educational and court purposes of the Hernando County Youth Court and/or the National Association of Youth Courts.

Photographs will be used on the Hernando County Youth Court website and/or the National Association of Youth Courts website. If photographs are to be used on any site other than these, a separate waiver must be filled out and signed.

Additionally, you may elect to have your photograph used on the Internet, but not have your name used by initialing here: _____

Signature _____

Date _____