

HERNANDO COUNTY YOUTH COURT YOUTH VOLUNTEER APPLICATION

Name		DOB		Email	
Address					
City		State		Zip	
Home Phone:		Cell Phone:			
Parent/Guardian Name					
What school do you attend?				Grade	
What types of activities are you involved with in school?					
What activities are you involved with outside of school? (church, community, etc.)					
Do you work?		If so, where?			
What do you hope to gain from being in youth court?					
What are your educational or career plans after graduation from high school?					
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:					

Please check which role(s) you would like to perform within the youth court.	
<input type="checkbox"/> Bailiff	<input type="checkbox"/> Juror
<input type="checkbox"/> Clerk	<input type="checkbox"/> Attorney

<p>My child has permission to drive to and from Youth Court.</p> <p>_____</p> <p>Signature of Parent/Legal Guardian</p>

WAIVER: I, _____, parent/legal guardian of _____, do hereby agree that as a condition of my child's participation in Teen/School Court to hold the Teen/School Court Coordinator, Clerk of Circuit Court, County of Hernando, City of Brooksville, School Board of Hernando County, Fifth Judicial Circuit, and their employees, agents and representatives, harmless from any and all liability and against any claims, of whatsoever nature and kind, whether it be for injury, loss or damage to persons, property or otherwise, arising out of or in connection with Teen/School Court. I hereby give my child permission to participate in Teen/School Court.

Signature of Parent/Legal Guardian

Date _____

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: _____

Juvenile Signature _____

Date _____

Parent/Guardian Signature* _____

*Parental signature is required for juveniles under the age of 18

Date _____