

VOULUNTEER APPLICATION FORM

(Confidential Information)

NAME _____ MALE/FEMALE AGE _____ D.O.B _____/_____/_____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ PARENT/GUARDIAN NAME _____

SCHOOL ATTENDING _____ GRADE _____

SCHOOL ACTIVITIES _____

ACTIVITIES OUTSIDE OF SCHOOL (church, community, etc) _____

WHAT QUALITIES DO YOU HAVE THAT WOULD MAKE YOU A GOOD VOLUNTEER?

HOW DID YOU BECOME INTERESTED IN TEEN COURT? _____

PLEASE LIST TWO REFERENCES (non-relative, one reference must be an adult from the school you attend)

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

VOLUNTEER SIGNATURE _____

I have read the Information about Teen Court and am allowing my daughter/son to participate as a Teen Court Volunteer. I understand that we, as a parent(s)/guardian(s) are invited to attend the Teen Court Training Session with our daughter/son. I further understand that all Teen Court volunteers are required to keep cases

CONFIDENTIAL

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE RETURN COMPLETE APPLICATIONS TO:

Williamsville Police Department 141 W. Main St. Williamsville, IL 62693

NORTH COUNTY TEEN COURT

Williamsville Police Department

141 W. Main St
Williamsville, IL 62693
(217)566-3634

PARENT/GUARDIAN CONSENT LETTER

Dear Parent/Guardian

Your son/daughter has expressed interest in becoming a Peer Juror. This program is under the auspices of local police departments. Jurors hear cases in which the offender has admitted guilt to committing an offense. Peer Jury cases are recommended by the responsible Officer. The offender and his/her parent or guardian must sign a consent to have the case place before the Peer Jury.

Hearings are held once a month at the Williamsville Fire Department. Please sign below if you agree to let your son/daughter participate in the program. Have your son/daughter return the application to the Williamsville Police Department, then he/she will be contacted for an interview.

Please feel free to contact me at (217)361-4424 if you have any question concerning this program.

Sincerely,

R. Harmon
(Signature)

Police Officer
(Title)

My son/daughter _____ has my permission to participate in the Peer Jury Program

Parent/Guardian Signature _____ Date _____

Please Return to:

Williamsville Police Department
141 W. Main St.
Williamsville, IL 62693