



1717 E Polston Ave, Post Falls, ID 83854  
(208)773-3517

## Youth Court Volunteer Application Form

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What types of activities are you involved with in school? If none enter N/A \_\_\_\_\_

What activities are you involved with outside of school? (church, community, etc.) If none enter N/A \_\_\_\_\_

Do you work?      Yes      No      If so, where? \_\_\_\_\_

Work phone number \_\_\_\_\_ Hours per week \_\_\_\_\_

How did you hear about/become interested in youth court? \_\_\_\_\_

What qualities do you have that would make you a good youth court volunteer? \_\_\_\_\_

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?      Yes      No      If so, please explain:

Have you ever been the victim of a crime?      Yes      No      If so, please explain:

When are you available to volunteer for youth court? (e.g., days of week, times of day, times of year)

When are you not available to volunteer? (e.g., days of week, times of day, times of year)

**Emergency Contact:**

Name

Phone

Address

Relationship to you

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date