



**TEEN COURT OF CLAY COUNTY,
 FLORIDA, INC. VOLUNTEER APPLICATION**

FULL NAME _____ DATE _____

LAST FIRST MIDDLE

ADDRESS _____

STREET CITY ZIP CODE

PHONE _____ EMAIL ADDRESS _____

EMPLOYER NAME _____ PHONE _____

ADDRESS _____

STREET CITY ZIP CODE

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

What position(s) would you like to volunteer?

(Please check all that apply)

- | | |
|---|--|
| ☐ Judge | ☐ Hallway Monitor |
| ☐ Peer Circle Leader | ☐ Team Mom/Dad |
| ☐ Speaker | ☐ Chaperone |
| ☐ Courtroom Monitor | ☐ Teen Attorney Trainer |
| ☐ Mock Trial Coach | |

Have you ever volunteered for Teen Court of Clay County, Florida, INC. before? YES NO

If yes, in what capacity did you volunteer? _____

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 and Fingerprint Card

REFERENCES

Please print **COMPLETE** name, address, and relationship of three references. Your references must have known you for the last two years. Each should be in a position to evaluate your qualifications as a volunteer with children. References should not include family members or with people you are in a personal relationship. (i.e., boyfriend, girlfriend, fiancé).

1.			
	NAME	ADDRESS	ZIP
	PHONE	RELATIONSHIP	YEARS KNOWN
2.			
	NAME	ADDRESS	ZIP
	PHONE	RELATIONSHIP	YEARS KNOWN
3.			
	NAME	ADDRESS	ZIP
	PHONE	RELATIONSHIP	YEARS KNOWN

VOLUNTEER OATH

As a volunteer with the program, TCCC 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 terminating my participation with the TCCC program.

_____ I will not arrange personal contact with any "Teen Court Youth" outside the scope of the TCCC.

_____ I understand that the TCCC will terminate my partnership if I violate any of the above policies

I hereby authorize TCCC to contact my employer for employment verification and references provided for a background investigation. I also understand that this application process will require that a nationwide criminal history background check will be conducted on behalf of TCCC and that I must have my fingerprints taken in order for a criminal background check to be conducted.

Applicant Signature

Date

ACKNOWLEDGMENT

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____.

Personally Known

Produced Identification

Type of identification produced: _____

Signature of Notary Public
Print, Type/Stamp Name of Notary



VOLUNTEER WAIVER AND RELEASE OF LIABILITY

In consideration of volunteering for the Teen Court of Clay County, Florida, Inc., a division of the Clay County Clerk of the Circuit Court. 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 claims 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 TCCC. I shall hold harmless, indemnify and defend the TCCC its directors, officers, employees, representatives and agents against any claims, liability, and demands of whatever kind of 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 position with TCCC.

I hereby consent to allow any photograph or likeness of me to appear in any official document, advertisement, and/or television coverage of TCCC 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 TCCC. Further, I covenant not to initiate any action against the TCCC volunteers, suppliers, agents, employees, and other personnel in any manner assisting or connected with TCCC from any and all claims or liability of any kind of 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.

As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed valid, the enforceability of the remaining provisions of this Release shall not be affected.

Volunteer Signature

Date

Print Name