

# LINCOLN COUNTY TEEN COURT APPLICATION

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Applicant Cell Phone: \_\_\_\_\_

Please list any activities you are involved in that may conflict with your participation in teen court (school, church, or community):

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Why are you interested in volunteering for Sixth Division Circuit Court's Teen Court?

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What position are you most interested in? Circle all that apply: Jury Attorney Clerk Bailiff

### WAIVER

**To be signed by Parent or Guardian**

I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_. Do hereby agree that as a condition of my child's participation in Teen Court, to hold the Teen Court Coordinator, Clerk of the Circuit Court, Jefferson County, Cities of Pine Bluff and Star City, Peer Counselors, School Boards of Pine Bluff and Star City, Sixth Division Circuit Court 11<sup>th</sup> Judicial District West Juvenile Division, and their employees, agents and representatives, harmless from any and all liability and against any and all claims, of whatsoever nature and kind, whether it be for injury, loss of damage to person, property or otherwise, arising out of or in connection with Teen Court. I hereby give my child permission to participate in Teen Court.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WAIVER

**To be signed by Applicant**

I understand that if I am charged through Juvenile or Municipal Court while serving as a Teen Court Volunteer, I must notify the Teen Court Coordinator immediately and will be relieved of my duties until my sentence has been completed successfully and that failure to do so will result in being removed from the Teen Court permanently. I further understand that all Teen Court Proceedings are confidential and failure to maintain confidentiality will result in being reprimanded by Teen Court for sentencing or other action as deemed appropriate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT A LETTER OF RECOMMENDATION FROM A SCHOOL OFFICIAL WITH APPLICATION**

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Please return to: Kristie Hunter or Yvette Williams, 300 Drew South Street, Star City, AR 71667. If there are any questions please contact us at 870.628.1856.