



Director: Cassandra Southam

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## Springville Youth Volunteer Application Form

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

Address \_\_\_\_\_

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

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

Personal email: \_\_\_\_\_

Parents' email: \_\_\_\_\_

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

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

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? \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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What do you hope to gain from being in Youth Court? \_\_\_\_\_

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What are your educational or career plans after graduation from high school? \_\_\_\_\_

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Have you ever been found guilty of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what charge? \_\_\_\_\_

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Have you ever come in contact with or had any experience with any law enforcement agency of the court system? If so, please explain: \_\_\_\_\_

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Have you ever been the victim of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

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Please check which role(s) you would like to perform within the Youth Court.

Bailiff/ Mentor

Judge

Court Clerk

Other: \_\_\_\_\_

Youth Offender's Advocate

\_\_\_\_\_

Victim's Advocate

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When are you available to volunteer for Youth Court?

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

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### REFERENCES

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The community reference should be over twenty-one years of age and should not be a relative.

#### Educational Reference:

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Community Reference:

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### 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

## Release Form

### Membership Statement of Confidentiality

I, (please print) \_\_\_\_\_, a member of Springville Youth Court, do hereby recognize my responsibility to uphold the confidentiality of all matters dealt with during Youth Court proceedings. I also understand that failure to uphold this oath of confidentiality will result in an immediate termination of being a member of Springville Youth Court.

### Medical Consent

I, (please print) \_\_\_\_\_, give my consent for emergency care of my son or daughter while under the care of Springville Youth Court, or any other person acting as the agent of Springville Youth Court. This medical care may include emergency treatment as deemed necessary and appropriate.

Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Permission for Release

I, (please print) \_\_\_\_\_, hereby give my consent for my home address and telephone number to be included in a Youth Court Membership Directory to be distributed to the student members of Springville Youth Court only. This Membership Directory will allow other student members to contact each other with regards to transportation, client case information, questions and other information relative to Springville Youth Court.

**By signing below you are agreeing to the Membership Confidentiality Statement, Medical Consent and Permission for Release.**

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_