



# HEB TEEN COURT

## ADULT VOLUNTEER APPLICATION

|                      |
|----------------------|
| Date Received: _____ |
| Refr check: _____    |
| VeriFYI: _____       |
| Orientation: _____   |
| Training: _____      |

### PERSONAL INFORMATION:

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

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

Address: \_\_\_\_\_

|        |        |      |       |          |
|--------|--------|------|-------|----------|
| Street | Apt. # | City | State | Zip Code |
|--------|--------|------|-------|----------|

Home Phone: \_\_\_\_\_ Work /Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ May you be contacted at work/cell phone # \_\_\_Y \_\_\_N

### DESIRED POSITION:

- \_\_\_\_\_ JUDGE (Must be licensed attorney, presides over jury trials)
- \_\_\_\_\_ MASTER JURY MONITOR (facilitate Master Jury hearing)
- \_\_\_\_\_ JURY MONITOR (facilitate jury deliberations)
- \_\_\_\_\_ COURT CLERK (assists with paperwork and check-in/out)

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any allergies or special medical information emergency personnel may require: \_\_\_\_\_

\_\_\_\_\_ Hospital preference: \_\_\_\_\_

### WORK/EDUCATION HISTORY:

Current employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ How long employed there? \_\_\_\_\_

Are you currently a college student: \_\_\_Y \_\_\_N Name of school: \_\_\_\_\_ Major: \_\_\_\_\_

Have you volunteered before \_\_\_Y \_\_\_N If yes, where? \_\_\_\_\_ ph. # \_\_\_\_\_

What are your goals as a Teen Court volunteer? \_\_\_\_\_

### PERSONAL REFERENCES:

List three references (not relatives) who are familiar with your skills, interests and abilities working with people. Please include daytime phone number for each:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Known how long? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Known how long? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Known how long? \_\_\_\_\_

# ADULT VOLUNTEER AGREEMENT

WHEREAS, THE CITIES OF BEDFORD, TEXAS, EULESS, TEXAS, AND HURST, TEXAS hereinafter PARTIES, consent and agrees to permit

\_\_\_\_\_, hereinafter VOLUNTEER, to participate in the Teen Court Program, subject to adherence of the ADULT to any provisions set out in the rules and regulations of the persons or organizations for whom the volunteer work is being performed, and NOW, THEREFORE, for and in consideration of the premises and the mutual promises, covenants, and agreements set forth in this Agreement, the CITIES OF BEDFORD, HURST AND EULESS, AND VOLUNTEER agree that the PARTIES, its agents or employees, shall not be liable or responsible for, and shall be SAVED AND HELD HARMLESS AND DEFENDED by VOLUNTEER from and against all suits, actions, losses, damages, claims, or liability of any character, type or description, including all expenses of litigation, court costs, and attorney fees for injury or death of any person, or injury to any property received or sustained by any person or persons or property, arising out of, or occasioned by, directly or indirectly, the participation of VOLUNTEER in the H-E-B Teen Court Program, including claims and damages arising in whole or in part from the negligence of the PARTIES, its agents or employees.

**It is the expressed intent of the parties to this Agreement that the INDEMNITY provided for in this Agreement is an INDEMNITY extended by VOLUNTEER to INDEMNIFY and defend and protect the PARTIES from the consequences of the PARTIES' own negligence, whether that negligence is the sole or contributory cause of the resultant injury, death or damage.**

It is further understood and agreed that the VOLUNTEER will perform solely as an individual on a voluntary basis and not as an employee, contractor or agent of the PARTIES' or their agents or employees.

In making this agreement, VOLUNTEER rely wholly upon their own judgment, belief and knowledge and have not been influenced to any extent whatsoever by any representations or statements not contained in this Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Teen Court Coordinator

## OATH OF HONOR

As a Teen Court Volunteer, I understand that the mission of the program is to offer youth offenders an alternative to the criminal justice system in settlement of Class C misdemeanor cases. It challenges youth to take responsibility for their actions through community service sentences. The offender's peers take an active role in presentation of the case and deciding the proper sentence, while learning first-hand how the criminal justice system works. The two facets of the program provide young people a forum in which to develop interpersonal skills and build self-esteem that foster responsible behavior as a member of the community.

I have read and fully understand the HEB Teen Court Code of Conduct below and agree to follow the Code during my tenure as a Teen Court Volunteer. I understand violation of Code of Conduct is grounds for termination as a volunteer.

- Do not meet with a volunteer or defendant alone behind closed doors. If a private meeting is requested, notify the Teen Court Coordinator and the situation will be discussed.
- Volunteers will not, under any circumstances, transport a teen volunteer or defendant.
- Volunteers must report any behavior displayed by a teen that is not in keeping with the program guidelines.
- If at any time, a volunteer suspects that a teen volunteer or defendant is under the influence of alcohol or illicit drugs, they will report it immediately to the Teen Court Coordinator.
- Volunteers will not use tobacco products, alcohol or illicit drugs while participating in a Teen Court function.
- Volunteers will not make statements to the press or in any public forum regarding the Teen Court Program or its participants without prior approval from the Teen Court Coordinator.
- Volunteers will dress in the official Teen Court uniform for court sessions and Teen Court functions, unless otherwise specified by the Teen Court Coordinator.
- Volunteers must honor the confidentiality of the information attained through volunteer activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Teen Court Coordinator



## Background Verification Release Form

### AGENCY INFORMATION

|                            |             |                     |  |
|----------------------------|-------------|---------------------|--|
| Date                       | Agency Name |                     |  |
| Contact Name               |             |                     |  |
| Agency's Main Phone Number |             | Agency's Fax Number |  |

### APPLICANT INFORMATION:

|  |   |                              |              |
|--|---|------------------------------|--------------|
| Applicant Full Name (Last, First, MI)  |   | Maiden or Other Name(s) Used |              |
| Current Address  |   |                              |              |
| City   | State   | Zip Code                     | County       |
| Social Security Number   | Date of Birth   | Driver's License Number      | State Issued |
| Position Applied For   |   |                              |              |
| <b>Gender</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other |                              |              |



## Background Verification Release Form

I hereby authorize VERIFY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFY for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

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Applicant's Signature

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Date

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Applicant's Printed Name

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Parent/Guardian's Signature

(if under 18 years of age)