



COLLIN COUNTY TEEN COURT

ADULT VOLUNTEER APPLICATION

Please fill out all of the information completely. **PRINT LEGIBLY.**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Social Security #: _____

Email: _____

Date of Birth: _____ Texas Driver's License No.: _____

Emergency Contact Information:

Name: _____ Phone: _____

Consent to Use Photographs

Collin County Teen Court may periodically have photographers from county staff and/or media entities, or other parties take photographs for use in news stories, program literature or other purposes. *Please initial below if you consent to having:*

Your photograph taken and used: _____ Your name used in the caption of a photo: _____

Consent for Criminal Background Check

To ensure the safety of the children involved in Teen Court, it is necessary to conduct a background check on all adult volunteers. Please sign below in the space provided if you understand a background check will be conducted using the information you have provided, and that the decision of whether or not to accept you as a volunteers is at the sole discretion of the Teen Court Coordinator, and you consent to the same.

Signature of Adult Volunteer Applicant



COLLIN COUNTY TEEN COURT

CONFIDENTIALITY AGREEMENT

I, _____, a participant in the Collin County Teen Court program, understand and acknowledged the information presented in the cases before Teen Court, including the identities of the defendants, the specific facts of the case, and any specific information about the deliberations of a jury, are strictly confidential, and that I am restricted and forbidden to disclose said information to any party other than the Teen Court judge or coordinator.

Further, I agree that I will not disclose any information presented in the cases before Teen Court, including the identities of the defendants, the specific facts of the case, and any specific information about the deliberations of a jury to anyone but the Teen Court judge or coordinator. I also agree to immediately notify the Teen Court judge or coordinator if at any time I come upon information that a participant in Teen Court may cause harm to him/herself or others.

I understand that this Confidentiality Agreement applies to information I have received in the past, present, and in future involvement in Teen Court. I further understand that failure to abide by this Confidentiality Agreement is grounds for immediate dismissal from the program and I may be subject to further consequences as provided for by law. I also understand that this Agreement is binding and remains in full effect even if I discontinue participation in Teen Court.

Dated: _____

Signature of Teen Court Participant