

**WINNEBAGO COUNTY TEEN COURT  
504 ALGOMA BLVD.  
P.O. BOX 2808  
OSHKOSH, WI 54903-2808  
(920)236-1120  
(920)236-1112 (fax)**

**Youth Volunteer Application Form  
Please fill out – Print and Return**

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

Address \_\_\_\_\_

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

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

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

What school do you attend \_\_\_\_\_ Carl Traeger 8<sup>th</sup> Grade  
and what grade are you in? \_\_\_\_\_

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 teen court? \_\_\_\_\_

---

---

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

---

---

---

What do you hope to gain from being in teen court? \_\_\_\_\_

---

---

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

---

---

---

---

Have you ever been found guilty of a crime? \_\_\_\_\_ Yes  No   
If so, what charge? \_\_\_\_\_

---

---

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

---

---

Have you ever been the victim of a crime? Yes  No   
If so, please explain: \_\_\_\_\_

---

---

Please check which role(s) you would like to perform within the teen court.

- Bailiff  Other: \_\_\_\_\_
- Court Clerk
- Juror
- Defense Attorney
- Prosecuting Attorney
- 

Are you available to volunteer on Wednesday nights from 6-8 p.m.? Yes  No

---

How often are you able to volunteer?

---

---

Are you able volunteer in the summer?

---

---

---

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

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