

TOWN OF BABYLON YOUTH COURT
PHONE: 631. 422. 7660 FAX: 631.422.7625

Youth Volunteer Application Form

Name _____ Sex _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

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 youth court? _____

What qualities do you have that would make you a good youth court volunteer? _____

What do you hope to gain from being in youth 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 youth court.

Bailiff

Judge

Court Clerk

Youth Advisory Board Member

Juror

*All members will be trained for each of the roles.

Defense Attorney

Prosecuting Attorney

When are you available to volunteer for youth court?

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

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

PLEASE RETURN TO:

CLAIRE MCKEON, DEPUTY DIRECTOR
TOWN OF BABYLON YOUTH BUREAU
281 PHELPS LANE, ROOM # 2
NORTH BABYLON, NY 11703