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2021 Volunteer Member Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation year: \_\_\_\_\_\_\_\_ Current grade: \_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please provide a non-school email, school emails are blocked from receiving our emails.) Parent(s)/Guardian(s) name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s)email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any health/allergy concerns/diagnoses that you feel OCYC should be aware of? If yes, please list. **(This will remain confidential) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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School Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities outside of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE READ THE INFORMATION ON THE BACK OF THIS FORM REGARDING ONTARIO COUNTY YOUTH COURT AND UNDERSTAND THAT PARTICIPATION REQUIRES A ONE YEAR COMMITMENT AND THAT ALL CASES ARE CONFIDENTIAL.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I GIVE MY PERMISSION FOR THE MINOR NAMED ABOVE TO PARTICIPATE IN THE ONTARIO COUNTY YOUTH COURT PROGRAM. I ALSO CONSENT THAT ANY PHOTOGRAPHS OR FILM TAKEN OF MY CHILD MAY BE USED BY ONTARIO COUNTY YOUTH COURT WITH OR WITHOUT HIS/HER NAME FOR ALL USES WITHOUT RESTRICTIONS.

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

**Rules for Youth Court Members**

1. You are responsible for attending **all** scheduled training sessions. Exceptions are death in the family or personal illness. It is your obligation to your fellow members and to the defendants served by the court to exercise the duties and obligations of Youth Court to the best of your ability. Missed training sessions must be made up.
2. You are expected to be courteous to all speakers during training sessions. If your behavior is a problem, you will be asked to leave without a second chance.
3. All Youth Court members must report in writing, to the Youth Court Coordinator, any contact with any school disciplinary actions. This report must be made within three (3) days of such contact.
4. You are expected to uphold the **CONFIDENTIALITY** of **ALL** matters dealt with by Youth Court. This is the special duty of all Youth Court members. **ALL CASES MUST BE KEPT PRIVATE AND CONFIDENTIAL.** Youth Court members must sign and understand the **OATH OF CONFIDENTIALITY**.
5. All members are expected to dress professionally and respectfully as possible during Court sessions. Dress for respect.
6. All members must remain drug free and alcohol free. No smoking is permitted at any Youth Court events.
7. If assigned to a case and you have prior knowledge of the defendant and feel you cannot be impartial, it is your obligation to notify the Coordinator immediately.
8. Members must be respectful of the courtroom. Always behave professionally.
9. Always be on time and have a positive attitude.

**Return completed application via email to**

Ontario County Youth Court

5297 Parkside Drive, Suite 307, Canandaigua, NY 14424

Phone #: (585) 396-4519 Fax #: (585) 396-4520

Email: info@ontariocountyyouthcourt.org