



**HEB TEEN COURT
TEEN VOLUNTEER APPLICATION**

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ CIRCLE: MALE or FEMALE
(STREET)

(CITY) (STATE) (ZIP)

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SCHOOL AND GRADE: _____

REFERRED BY: _____

I AM MOST INTERESTED IN :

_____ PROSECUTING/DEFENSE COUNSEL (MUST BE AT LEAST 15 YEARS OF AGE)
(Represent State's/Defendant's interest during trial, recommend appropriate sentence to jury.)

_____ BAILIFF
(Announce beginning of the court session and the presiding judge, call the jury, announce case information and report any disruptive activity to Teen Court staff or adult volunteer.)

_____ CLERK
(Assist in checking Defendants in and out on court night.)

I UNDERSTAND THAT THERE IS A TEEN COURT CODE OF CONDUCT AND DRESS CODE. I UNDERSTAND THAT I MUST FIND A REPLACEMENT IF I AM UNABLE TO ATTEND A SCHEDULED TEEN COURT SESSION AND NOTIFY THE TEEN COURT OFFICE IMMEDIATELY OF THE CHANGE IN SCHEDULE.

SIGNATURE OF VOLUNTEER

DATE

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
HEB TEEN COURT COORDINATOR
2000 FOREST RIDGE DRIVE
BEDFORD, TEXAS 76021
817-952-2468**

TEEN VOLUNTEER AGREEMENT

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

_____, hereinafter YOUTH, to participate in the Teen Court Program, subject to adherence of the YOUTH to any provisions set out in the rules and regulations of the persons or organizations for whom the volunteer work is being performed, and

_____, the parent or guardian of YOUTH, hereinafter PARENT or GUARDIAN, consents to YOUTH participating in the Teen Court Program and the volunteer service performed by YOUTH.

NOW, THEREFORE, for and in consideration of the premises and the mutual promises, covenants, and agreements set forth in this Agreement, the CITY, PARENT or GUARDIAN, and YOUTH 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 PARENT or GUARDIAN and YOUTH 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 YOUTH 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 PARENT or GUARDIAN and YOUTH 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 YOUTH 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, PARENT or GUARDIAN and YOUTH 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 YOUTH

Date PARENT / GUARDIAN

I, _____ hereby give my permission to the officials of the Teen Court to call or obtain the services of a physician or hospital for medical or surgical care for

_____ should an emergency arise.
Youth's Name

I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken.

Signature of Parent or Guardian Date

Parent or Guardian's Work Phone: _____

Home Phone: _____

Personal Physician: _____ Phone: _____

Hospital Preference: _____

VOLUNTEER INFORMATION

Name: _____ Phone: _____

Address: _____ Zip Code: _____

School/Grade: _____ Date of Birth: _____

Email address: _____