

**Youth Services Bureau
306 Union Avenue
Laconia, NH 03246
524-9457**

TEEN COURT VOLUNTEER APPLICATION FORM

NAME: _____ D.O.B: _____

ADDRESS: _____ AGE: _____

ZIP CODE: _____

E-MAIL: _____ PHONE: _____

SCHOOL: _____ GRADE: _____

REFERENCE: _____

Please list one reference (non-relative adult, from community/school)

ADDRESS: _____

ZIP CODE: _____

SCHOOL ACTIVITIES: _____

COMMUNITY ACTIVITIES: _____

AREA OF TEEN COURT THAT INTERESTS YOU MOST

ATTORNEY:

Prosecution Defense

JUROR **CLERK** **BAILIFF**

OTHER (Security Guard)

REPARATIONS BOARD:

YES NO

Please use the back side of this paper to describe why you think you would be a good Teen Court Volunteer.

Volunteer Signature

Date