

DUVAL COUNTY TEEN COURT PROGRAM

Fourth Judicial Circuit of Florida Duval County Courthouse Jacksonville, Florida 32202-2982 Tel: (904) 255-1039 Fax: (904) 255-1028

Teen Court Volunteer Application

Confidential

Date:				
Name:				
(Last)			(First)	(Middle)
Address:				Zipcode:
Telephone:(H)_			(Cell)	(Work)
Email Address:				
DOB:	Age:	Race:	Sex:	How long in Jacksonville?
Name of Paren	t or Guard	ian:		
Address:				
Telephone:(H)_			(Cell)	(Work)
			-	am? (please put the month and year you
How many session	ons will you	be able to att	end on a monthly b	asis?
School Inforn	nation:			
What school do	you atter	nd?		
What grade are	you in? _			
List all other ac	tivities you	ı participate i	n and or / organiz	rations you are a member of:

What other volunteer experience do you have?					
Are you receiving credit through your school for this volunteer work?					
[] Yes [] !	No				
to the best of my knowledge investigate all information co about me, if related to my vo Teen Court Program and its i	Itements made on this application are true, correct and complete e. I give the Duval County Teen Court Program the right to ontained in this application and to secure additional information plunteer position. I hereby release from liability the Duval County representatives for seeking such information and all other persons, as for furnishing such information.				
	ers of the Duval County Teen Court Program are volunteers at-will. val County Teen Court Program have the right to terminate service				
Volunteer Signature	Volunteer Coordinator Signature				
Date					
Please submit all application	s to Cortney Boesdorfer.				

*With any questions or concerns about application submissions please contact:

Teen Court Staff: Cortney Boesdorfer

Email: cboesdorfer@coj.net

Fax: (904) 255-1028