



SPRINGVILLE CITY
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Springville Youth Volunteer Application Form

Name _____ Sex _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Personal email: _____

Parents' email: _____

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 SYC? _____

What qualities do you have that would make you a good SYC 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/ Mentor

Judge

Court Clerk

Other: _____

Youth Offender's Advocate

Victim's Advocate

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

Release Form

Membership Statement of Confidentiality

I, (please print) _____, a member of Springville Youth Court, do hereby recognize my responsibility to uphold the confidentiality of all matters dealt with during Youth Court proceedings. I also understand that failure to uphold this oath of confidentiality will result in an immediate termination of being a member of Springville Youth Court.

Medical Consent

I, (please print) _____, give my consent for emergency care of my son or daughter while under the care of Springville Youth Court, or any other person acting as the agent of Springville Youth Court. This medical care may include emergency treatment as deemed necessary and appropriate.

Family Physician: _____

Phone Number: _____

Permission for Release

I, (please print) _____, hereby give my consent for my home address and telephone number to be included in a Youth Court Membership Directory to be distributed to the student members of Springville Youth Court only. This Membership Directory will allow other student members to contact each other with regards to transportation, client case information, questions and other information relative to Springville Youth Court.

By signing below you are agreeing to the Membership Confidentiality Statement, Medical Consent and Permission for Release.

Student Signature: _____

Parent/Guardian Signature: _____