



ORLEANS PARISH JUVENILE COURT
TEEN COURT PROGRAM
1100 Milton Street
New Orleans, La, 70122
(504) 658-9583
Fax: (504) 658-9610

VOLUNTEERS FOR ORLEANS PARISH JUVENILE COURT TEEN COURT PROGRAM
VOLUNTEER APPLICATION

Date: _____

Name: _____ DOB: _____

Address: _____

Telephone #: _____

Employer: _____

Employer's Address: _____

Employer's Telephone #: _____

Gender: _____ Race: _____

Education: (Circle highest grade completed)

High School – Grade 9 10 11 12 College 1 2 3 4

Other: _____ Field of Study: _____

Are you currently enrolled in school? _____

Explain: _____

Volunteer Experience/Civic Activities: _____

How did you hear about Orleans Parish Juvenile Court Teen Court Program?

Describe briefly skills, interest or strength that you feel you can bring to the program:

Is there anything you prefer NOT to be called upon to do? _____

Describe: _____

What do you hope to gain from your participation in Teen Court?

Military Service: _____ Discharge Date: _____

Have you ever been convicted of an offense other than a traffic violation? _____
(A conviction would not bar you from participating in the program). Do you give your
permission for an Internet search and police background check to be made?

Do you certify that all information in your application is true? _____
Do you understand that all references will be checked? _____

Signature of applicant: _____

Date: _____

Please notify the Program Coordinator of any change in personal information so that your file
may be kept current. We also ask that the Program Coordinator be notified of any change in your
availability.

REFERENCES

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

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