



Court of Common Pleas

WARREN COUNTY

Probate - Juvenile Division

WARREN COUNTY YOUTH COURT

Volunteer Application Form

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____ (CITY) _____ (ZIP CODE) _____

STUDENT'S PHONE NUMBER: _____

STUDENT'S PERSONAL E-MAIL ADDRESS: _____

*Please use an email address that can be accessed all year round and that can receive emails from the Court.

PARENTS/GUARDIANS NAME: _____

PARENTS'/GUARDIANS' PHONE NUMBER: _____

WHAT SCHOOL DO YOU ATTEND? _____

CURRENT GRADE: _____

WHAT EXTRA-CURRICULAR ACTIVITIES ARE YOU INVOLVED IN AT SCHOOL OR IN THE COMMUNITY?

ARE YOU EMPLOYED? _____ IF SO, WHERE? _____

WHAT QUALITIES DO YOU HAVE THAT YOU FEEL WOULD MAKE YOU A GOOD YOUTH COURT VOLUNTEER/PARTICIPANT?

HAVE YOU EVER BEEN FOUND TO BE A DELINQUENT CHILD FOR ANYTHING OTHER THAN A TRAFFIC TICKET?

_____ YES _____ NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN A VICTIM OF A CRIME? _____ YES _____ NO

IF SO, PLEASE EXPLAIN: _____

PLEASE CHECK WHICH ROLE(S) YOU WOULD LIKE TO PERFORM WITHIN THE YOUTH COURT:

_____ JUDGE _____ BAILIFF _____ JUROR _____ PROSECUTOR

_____ DEFENSE COUNSEL _____ UNSURE AT THIS TIME

COURT SESSIONS WILL BE HELD TWICE A MONTH ON A THURSDAY FROM 4:45pm - 7:15pm.

REFERENCES

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The other reference should be over twenty-one years of age and preferably not a relative.

EDUCATIONAL REFERENCE

NAME: _____ POSITION: _____

ADDRESS: _____ (CITY) _____ (ZIP CODE) _____

TELEPHONE NUMBER: (____) _____

OTHER REFERENCE

NAME: _____ POSITION: _____

ADDRESS: _____ (CITY) _____ (ZIP CODE) _____

TELEPHONE NUMBER: (____) _____

I HEREBY CERTIFY THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I HEREBY CERTIFY THAT I HAVE CONSENT FROM MY PARENT/CUSTODIAN TO PARTICIPATE IN YOUTH COURT
(NAME OF PARENT/CUSTODIAN WHO CONSENTED) _____

EMERGENCY CONTACT:

NAME: _____ TELEPHONE NUMBER: (____) _____

ADDRESS: _____ (CITY) _____ (ZIP CODE) _____

RELATIONSHIP TO YOU: _____

APPLICATIONS FOR THE FALL 2023 SESSION ARE DUE JUNE 3, 2023. ONCE YOUR APPLICATION IS RECEIVED IT WILL BE REVIEWED AND SOMEONE FROM THE COURT WILL BE IN CONTACT WITH YOU. IF YOU HAVE FURTHER QUESTIONS, PLEASE CONTACT SHARON EISENHUT AT

513-695-2686 or email her at: youthcourt@co.warren.oh.us