

**Cooper County Youth Court
Juvenile Office 18th Judicial Circuit Court
200 Main St., Boonville, MO 65233
Phone: 660-882-7472
Fax: 660-882-2795**

Adult Volunteer Application

Date of Application: _____

Name _____

Address _____

Home Phone Number _____ Work Phone Number _____

Place of Employment _____

Position _____

What are your interests/hobbies? _____

How did you hear about/become interested in Youth Court? _____

What qualities do you have that would make you a good Youth Court volunteer? _____

What do you hope to gain from being in Youth Court? _____

Have you ever been convicted of a misdemeanor or a felony? _____ Yes _____ No

If so, when and what was the charge? _____

Have you served as a juror, on a jury panel or have specialized knowledge such as a degree in law enforcement or training in law enforcement or taken any law courses?

_____ Yes _____ No If so, please explain: _____

In what capacity would you like to volunteer?

Examples: working with the jury, helping with check-in process at court, helping with the exit processing after the hearing

When are you available to volunteer (days/hours)? _____

When are you NOT available to volunteer (days/hours/times of year) _____

References (please list one work reference and one personal reference, but not relatives)

Name _____ Phone _____

Address _____ Relationship to you _____

Name _____ Phone _____

Address _____ Relationship to you _____

Emergency Contact:

Name _____

Address _____

Phone _____

Relationship to you _____

YOUTH COURT OATH OR AFFIRMATION

I SOLEMNLY SWEAR OR AFFIRM THAT I WILL NOT DISCLOSE, EITHER BY WORDS OR DEEDS, ANY INFORMATION WHICH I LEARN IN THE COURSE OF A YOUTH COURT CASE PRESENTATION, AND THAT I WILL KEEP SECRET ALL YOUTH COURT PROCEEDINGS HELD IN MY PRESENCE.

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge. My signature authorizes the Cooper County Youth Court to contact my references and conduct a background and/or criminal records check.

Signature

Date

Social Security Number: _____
Date of Birth: _____