**Cobb County Peer Court**

**Bridget Jones (770)528-2042**

**Peer Volunteer Application Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Sex |  | Age |  | Date of Birth |  |
| Address |  |
| City |  | State |  | Zip |  |
| Home Phone: |  | Cell Phone: |  |
| 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.) |  |
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|  |
|  |
| Do you work? |  | If so, where? |  |
| Work phone number |  | Hours per week |  |
| How did you hear about/become interested in Peer Court? |  |
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|  |
| What qualities do you have that would make you a good Peer Court volunteer? |  |
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| What do you hope to gain from being in Peer Court? |  |
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|  |
| What are your educational or career plans after graduation from high school? |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been found guilty of a crime? |  | Yes |  | No |
| If so, what charge? |  |
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| --- |
| Have you ever come in contact with or had any experience with any law enforcement agency  |
| or 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. |
| * Juror
* Defense Attorney
* Prosecuting Attorney
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| When are you available to volunteer for youth court? |  |
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|  |
|  |

When are you not available to volunteer (e.g., days of week, times of day, times of year)

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| --- |
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|  |
|  |

**What is your email address:**

**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 |  |

\*\*\*\*\*Applications can be submitted to Bridget.Jones@cobbcounty.org or via mail to:

Cobb County Juvenile Court

 32 Waddell Street

 Marietta, Ga 30090

 Attention: Bridget Jones