5t. Mary's County Teen Courx



Empowering St. Mary's Youth

Adult Volunteer Application Packet

301.475.4200 x71852 301.373.0328 (cell) 301.475.8485 (Fax) TeenCourt@stmarysmd.com St. Mary's
County Teen Court
Department of Aging & Human
Services
PO Box 653
Leonardtown, MD 20650



St. Mary's County Teen Court
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PO Box 653
Leonardtown, MD 20650
301-475-4200 x71852
301-475-4268 (fax)
teencourt@stmarysmd.com

ST. MARY'S COUNTY TEEN COURT WELCOME

Thank you for your interest in volunteering with the St. Mary's County Teen Court Program. This packet provides you with the documentation necessary to become an adult volunteer in this very important and beneficial program for county teens. Adult volunteer opportunities include: Jury Monitor, Training assistant, Bailiff/Court Clerk, Community Judge, Teen Court Steering Committee Member, and/or court session administrative support.

As you are likely aware, the St. Mary's County Teen Court is a youth diversion program for first-time misdemeanor offenders, designed to teach responsibility and appropriate decision making while restoring a sense of safety in the community. Based on the philosophy that youthful offenders will not continue to offend when a peer jury decides punishment, it provides an opportunity for first time offenders to avoid the stigma of a formal criminal record by completing sanctions such as community service hours, essays, letters of apology, attending educational programs, and jury duty assignments.

The St. Mary's County Teen Court initiative, which began in fall 2001, offers juveniles aged 11-17 who have committed a misdemeanor crime, such as shoplifting, disorderly conduct, destruction of property, or possession of alcohol, the opportunity to appear before a jury of their peers who will determine the appropriate sanctions for their actions. However, to be accepted into the Teen Court Program, the offense must meet the program acceptance criteria, be agreed to by the parent or guardian, and the juvenile must admit involvement (guilty) to the offense. The subsequent disposition (sentencing) hearing features trained volunteer teens that perform the roles of prosecuting and defense attorneys, bailiffs, clerks, and jury members. The Judge is the only adult directly involved in the court proceedings. After careful consideration of the facts, the jury deliberates and decides upon a constructive disposition (sentence). When the respondent successfully completes the prescribed disposition within the specified probation period of 90 days, the original charge will be dropped.

Your decision to become part of this program reflects well on you and your desire to help the teens of St. Mary's County. The St. Mary's County Teen Court is truly a *real justice* program run by teens for teens. We look forward to you becoming a member of this special program.

Gregory W. Jones, Sr. Teen Court Coordinator

TEEN COURT APPLICATION CHECKLIST

1.	Ple	ease include everything on this list in your application packet):			
		_ Adult Volunteer Application			
		_ Release and Waiver of Liability			
2. You may submit the completed volunteer application to the St. Mary's County Teen Court Coordinator by one of the following:					
	1.	Attending a scheduled Teen Court Session and delivering completed packet to the Coordinator.			
	2.	Hand deliver to the Teen Court Office, 1 st Floor, Potomac Building, 23115 Leonard Hall Dr, (Governmental Complex), Leonardtown, MD.			
	3.	Mail to:			

Gregory W. Jones, Sr.
Teen Court Coordinator
P.O. Box 653
23150 Leonard Hall Dr.
Leonardtown, MD 20650

Phone: 301.475.4200 x71852 Fax: 301.475.8485

5t. Mary's County Teen Courx Adult Volunteer Application

Adult Volunteer Application

Date of Application:	Referral Source	e:
Name:		
Address:		
City:	State:	Zip Code:
Employer:		
Home Phone:	_ Work Phone:	Cell Phone:
Age: Date of Birth:	Gender: Male_	Female E-mail:
Have you gone by any other name?	Yes No	If yes, please identify:
Do you have an active security clear	rance? Yes No	Can you provide verification? Yes No
		h Monday evening from approximately nday evenings? Yes No
List below any previous voluntee	er experiences: (Feel	free to continue on another sheet of paper if necessary)
Name of organization or activity:		Nature of volunteer activity
IN CASE OF EMERGENCY		
Contact:	Relationsh	ip to Applicant:
Address:		
Telephone#: (Home)	(Work)
Any medical conditions or allergies tha <i>If yes, please explain:</i>	t would affect your abili	ty to participate in Teen Court? Yes () No ()
Please provide two (2) personal r	references (non-relat	ive).
Name:	Title:	Phone:
Name:	Title:	Phone:

Teen Court adult volunteers have routine contact with youths and minors during the performance of their duties. As required by law, all individuals who have such contact are required to undergo a criminal background check conducted by the St. Mary's County Government or its official designated agent. By your signature below you agree to the conduct of this background investigation and to provide additional information that may be required. All adult volunteers accepted into this program are required to serve a one year probationary period.

I affirm that the above information provided is true and correct and I solemnly declare that I will keep confidential and not divulge, either by word or signs, any information or names that come to my knowledge in the course of a Teen Court Session. I will not identify directly or indirectly, either audibly or in writing, any person participating as a respondent in the Teen Court Program.

Date:

Applicant's Drinted Name:	
Applicant's Printed Name:	
Witness Signature:	Date:
Witness Printed Name:	
OPTIONAL A	DULT PHOTO RELEASE
I hereby grant the St. Mary's County Teen Court Programay be involved with others for the purpose of promoti	am my permission to take photographs of me or photographs in which I ing the St. Mary's County Teen Court Program.
I hereby release and discharge staff members of the St. official events from any and all claims arising out of the	Mary's County Teen Court Program and press organizations covering e use of these photos.
I certify that am 18 or older, have read the above staten	nent, and fully understand and agree to its content.
Signature	Date
Address	

If there are any questions, please contact the Teen Court Coordinator at 301.475.4200 x1852.

Witness Signature Date

The importance of honoring the confidentiality agreement cannot be overstated. The business of appearing before the Teen Court is a personal matter. All aspects of the Teen Court session are considered <u>CONFIDENTIAL</u>. Failure to respect and honor this agreement will result in, as a minimum, dismissal from participation in the program.

Teen Court Coordinator P.O. Box 653 23150 Leonard Hall Dr. Leonardtown, MD 20650

Phone: 301.475.4200 x71852 Fax: 301.475.4268

Name (Please Print)

Address

Applicant's Signature

St. Mary's County Government DEPARTMENT OF HUMAN RESOURCES

COUNTY AT A THE STATE OF THE ST

Catherine Pratson, Director of Human Resources Commissioners of St. Mary's County

James R. Guy, President

James R. Guy, President Eric Colvin, Commissioner Michael L. Hewitt, Commissioner Todd B. Morgan, Commissioner John E. O'Connor, Commissioner

Release and Waiver of Liability

Each volunteer must have a signed "Release and Waiver of Liability" on file. This form must be completely filled out and submitted to the appropriate department. Please read carefully. This is a legal document that affects your legal rights.

St. Mary's County Government Department of Aging & Human Services

This Release and Waiver of Liability made by/on behalf of _ (the "Volunteer") and _____ (the "Guardian" if the Volunteer is a minor child). The Volunteer desires to serve as a volunteer for the St. Mary's County Government and engage in activities related to being a volunteer. The Volunteer (and Guardian, if applicable) does hereby release and forever discharge and hold harmless the Commissioners of St. Mary's County, its departments, boards, commissions, agents, employees and volunteers, from any and all liability, claims, and demands of whatever kind and nature, either in law or equity, whether for bodily injury, personal injury, illness, death, invasion of privacy or property damage, which arise or may hereafter in connection with the Volunteer's activities as a volunteer. Volunteer (and Guardian, if applicable) also understand that the St. Mary's County Government does not carry, maintain or provide health, medical, or disability insurance coverage for any volunteer and does not assume any responsibility or obligation to provide financial or other assistance, in the event of injury or illness suffered by Volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health and disability insurance. Volunteer (and Guardian) agrees that, in the event that any clause or provision of this Release and Waiver of Liability shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release and Waiver of Liability, which shall continue to be enforceable. Signature of Volunteer Signature of Witness

Volunteer Address:

Signature of Parent Having Legal Custody

or Legal Guardian (If Volunteer is a Minor)

Date