

Pinal County Teen Court



Pinal County Juvenile Court Services
P.O. Box 1009
Florence, AZ 85132

Teen Court Volunteer Permission Slip

Teen's Name: _____

Parents and Teens:

As a volunteer in the Pinal County Teen Court program, your teen will be involved in various activities and may travel within Pinal County. Teen Will be supervised by Pinal County Juvenile Court Services or Pinal Partnership staff member at all times.

Important Facts:

Teen Court follows various community events. Teens are requested to have transportation to them but would like parents to know that the teens will have adult supervision during these events.

Teen Will be expected to act appropriately as Teen Court representatives.

_____ If my teen acts in a manner which is inappropriate, I (name of parent/guardian) _____ understand that I will be responsible for immediate removal of my teen from the site.

Release of Liability:

I/we do hereby release Pinal County and the State of Arizona, it's board members, officers, employees, agents and other officials including Pinal County Juvenile Court Services and its agents from any and all liability which may arise as a result of my or my child's participation in volunteer service. I waive any claim for damages and assume all risks of participation.

I/we hereby give permission for the above-named teen to participate in all activities set forth above and to fully participate.

Parent/Guardian: _____ Date: _____

Juvenile Court Services Staff: _____ Date: _____

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Emergency Contact Information

Please complete the following emergency contact information:

Primary Care Physician's Name: _____

Primary Care Physician's Phone: _____

Is the youth on any medications? ____ Yes ____ No

If yes, please list the name of the medication and dose: _____

Does the youth have any allergies? ____ Yes ____ No

If yes, please list allergies: _____

Please list at least two emergency contacts:

Name: _____ Relation to youth: _____

Phone: _____ Cell#: _____

Name: _____ Relation to youth: _____

Phone: _____ Cell#: _____

I/we hereby authorize the staff of Pinal County Juvenile Court Services to use their best judgement in any emergency requiring medical attention

Teen: _____

Date: _____

Parent/Guardian: _____

Date: _____

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The Partnership Photo/Media Release

As part of its prevention and education activities, Pinal County Juvenile Court Services is developing a media campaign that includes, but is not limited to, the production of radio ads, television/radio media interviews, newspaper articles and brochures. As a volunteer with the Teen Court, your child may be photographed and may be interviewed, quoted and audio-taped or videotaped for the purpose of promoting the Pinal County Teen Court Program.

Teen's Name: _____

Please select the aspects of the media campaign that you will allow your teen to participate in:

____ Photographed ____ Interviewed on television, newspaper, etc.

____ Videotaped for television ____ Recorded for radio ads, interviews, etc.

I consent to the above and provide its/their release for publication, exhibition, or reproductions to be used for public relations, news articles or telecast, education, research and inclusion on the Pinal County Juvenile Court Services website. I do hereby release Pinal County and the State of Arizona, its board members, officers, employees, agents and other officials including Pinal County Juvenile Court Services and its agents from any liability connected with the taking, recording, or publications of said interviews, photographs, slides, computer images, videotapes, or sound recordings. I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publications of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publications. All negatives and positives, whether prints, video, film or sound recordings are the property of Pinal County Juvenile Court Services, solely and completely. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding and that I have voluntarily signed this document.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

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Youth Volunteer Information Form

Name: _____ Date of Birth: _____

Email Address: _____

Phone: _____

Parent/Guardian Name: _____

Email Address: _____

Phone: _____

As a way to communicate regularly and quickly should there be any last-minute schedule changes, we use the GroupMe app to send/receive messages quickly. Our forum will only have Teen Court members and parents and will be controlled by the Program Coordinator.

Would you like to be included in the Teen Court GroupMe forum? Yes No

Please note: Whenever possible, we will also email information provided in the GroupMe app. However, if there should be a last-minute change such as finding out a defendant is not able to show for their hearing, we may not be able to send an email and information would be sent via GroupMe.

What grade are you in? _____ What school do you attend? _____

How did you hear about Teen Court? _____

Are you involved in other activities such as sports, clubs, volunteering? _____

What qualities do you have that would make you a good Teen Court member and what do you hope to gain from being a Teen Court member? _____

