

Teen Officer of the Court Application Packet



Putnam County Teen Court

410 St. Johns Avenue

Palatka, Florida 32177

(386) 326-7600

Please submit completed packet to:

TeenCourt@putnam-fl.gov or a Teen Court Staff Member



Qualifications for Teen Officers of the Court

- Age 13-18
- In good academic standing
- Prepared to abide by the rules of the program
- Willing to sign, respect and abide by the Oath of Confidentiality
- Dressed appropriately (see Attire)
- Able to demonstrate the ability to treat each case individually with objectivity and without prejudice
- Willing to communicate with people and to work in a group process
- Responsible for behaving maturely during all phases of your participation
- Sensitive to socioeconomic, cultural, racial and religious differences between Teen Court participants
- Serious about Teen Court at all times and businesslike in your conduct while court is in session
- Alert, attentive, and enthusiastic in your work.
- Respectful to all participants and the Court.
- Able to abide by the Rules of Decorum set by the Court.

Teen Initial here: _____

Code of Conduct for Teen Officers of the Court

All teens participating in the program are expected to follow the directions of the Teen Court staff and use good judgment in determining acceptable behavior. All volunteers are expected to notify the Teen Court Coordinator with any questions or concerns. If you wish to resign as a volunteer, it is expected that you will notify the Teen Court Coordinator.

Teen Initial here: _____



Teen Court Parent/Guardian Consent Form

Parent/Guardians' Names: _____

Address: _____
(Number and Street) (City and Zip Code)

Home Phone Number: _____ Cell Number: _____

Work Phone Number: _____ Email: _____

Emergency Contact Person If I am Not Available:

Name	Relationship	Phone #1	Phone #2
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My child, _____, has permission to participate in Teen Court activities as a Teen Court Volunteer. I have also listed any allergies, health conditions and authorized medications that my child is currently using that the Teen Court or emergency medical personnel should be aware of. In case of emergency, I understand every effort will be made to contact me. If my emergency contact person or I cannot be reached, I hereby give my permission to an attending physician to secure proper treatment, which may include hospitalization, anesthesia, surgery or medications for my child. I understand I am responsible for medical costs.

MY PARENT/LEGAL GUARDIAN AND I SHALL INDEMNIFY, HOLD HARMLESS, PROTECT, AND DEFEND THE COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ANY AND ALL CLAIMS, LOSSES, LIABILITIES, DAMAGES, COSTS, AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES AND EXPENSES, THAT OCCUR OR ARE ALLEGED TO HAVE OCCURRED IN WHOLE OR IN PART AS A RESULT OF MY NEGLIGENCE OR FAULT IN THE PARTICIPATION AS A TEEN OFFICER OF THE COURT, WHETHER SUCH CLAIMS, LOSSES, LIABILITIES, DAMAGES, COSTS, AND EXPENSES ARE CAUSED IN PART BY AN INDIVIDUAL OR ENTITY INDEMNIFIED UNDER THIS AGREEMENT.

My parent/legal guardian and I further waive any and all claims against the County, its agents, employees and/or volunteers, against all fines, suits, claims, demands and causes of action of any kind, including, but not limited to any claims for bodily injuries (including death at any time resulting therefrom) sustained by me, or any damage to property, including loss of use thereof arising out of my negligence or performance as a Teen Officer of the Court.

Physicians Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Health Conditions/Allergies: _____

Medications: _____

Parent/Guardian Signature: _____ Date: _____

Teen Court Staff Signature: _____ Date: _____



Parental Pick-Up Agreement

I, _____ Parent/Guardian of _____,
agree to pick up my child from the Putnam County Courthouse no later than 8:00 p.m. on nights he/she attends
Teen Court unless otherwise notified.

_____ By initialing here, the parent/guardian assumes all responsibility for the safety and well-being of their
child(ren) after the designated pick-up time of 8:00 p.m.

In the alternative, that said child is not being picked up, initial a selection below that applies:

_____ By initialing here, the parent/guardian gives consent to allow my child(ren) to drive from the Putnam
County Courthouse after the Teen Court session has ended.

_____ By initialing here, the parent/guardian gives consent to allow my child(ren) to ride with
_____ from the Putnam County Courthouse after the Teen Court session has ended.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teen Court Staff Signature: _____ Date: _____



Teen Court – Student Volunteer Application

Name: _____ Date of Birth: _____

Grade: _____ Age: _____

Address: _____
(Number and Street) (City and Zip Code)

School: _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

What activities or clubs are you currently involved in?

What encouraged you to become a member of our program?

How did you hear about Teen Court?

Area of Interest: ☐ Juror ☐ Clerk ☐ Attorney ☐ Bailiff

Role & Responsibilities – Please Check Each Box to Agree to the Following:

- ☐ Arrive on time and attend all required sessions/court proceedings.
- ☐ Follow all rules, instructions, and guidelines provided by court staff.
- ☐ Maintain respectful behavior toward the Judge, court staff, peers, and participants.
- ☐ Keep all case information confidential.
- ☐ Serve as a positive role model and representative of the Teen Court Program.
- ☐ Notify the Teen Court Staff if I am unable to attend a scheduled session.

Confidentiality Agreement

I understand that all matters heard in Teen Court are confidential. I agree not to discuss any cases, participants, or proceedings outside of the Teen Court setting. Violation of confidentiality may result in dismissal from the program.

Initial here: _____

Commitment

I understand that by signing this agreement, I am committing to be an active and participating member of Teen Court for the 20____ - 20____ (school year). I will take my responsibility seriously and will maintain confidentiality regarding all Teen Court proceedings. I understand that I will be law abiding during my term with Teen Court. I understand that if I neglect these responsibilities, breach my oath of confidentiality, or have two or more unexcused absences I may be removed from serving in the Teen Court Program. My parent/guardian has given me permission to participate in the program.

Teen Court Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teen Court Staff Signature: _____ Date: _____



Photo Release Consent Form

I, the undersigned, give my permission to the Putnam County Clerk of Circuit Court and Comptroller's Office to use photographs, audio, and video recordings of me, without compensation, for promotional activities involving the Teen Court Program. I further agree to indemnify and hold harmless the Putnam County Clerk of Circuit Court and Comptroller's Office from all claims arising from the use of said photographs, audio, and video recordings.

Teen Court Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if above is a minor)



Attire

How Teen Court participants represent themselves is very important. They must exhibit respect for the court and take the process seriously. Therefore, teen volunteers are expected to be professional and use good judgment in their choice of attire. Teen Court will refuse jury or other court duty to persons who do not abide by proper dress code. Teen Court reserves the right to refuse to hear cases from those who fail to abide.

All teen officers of the court must wear appropriate business attire.

The following are NEVER allowed:

- Caps, hats, bandanas, or sunglasses
- T-shirts or other clothing with inappropriate pictures or language
- Bare midriff shirts or spaghetti strap or strapless halters
- Beach wear
- Shorts
- Ripped or torn clothing
- Visible undergarments
- Hooded sweatshirts (in the courtroom)
- Mini skirts
- Flip-flops or slides

I, _____, have read the preceding statements and agree to abide by the Putnam County Teen Court Code of Conduct, Rules of Decorum, and Attire for Teen Officers of the Court. Furthermore, I understand that failure to do so may result in termination of my participation in Teen Court.

Teen Court Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teen Court Staff Signature: _____ Date: _____