

DUVAL COUNTY TEEN COURT PROGRAM

Fourth Judicial Circuit of Florida Duval County Courthouse Jacksonville, Florida 32202-2982 Tel: (904) 255-1030 Fax: (904) 255-1028

Teen Court Volunteer Application

Confidential

Date:		
Name:	(First)	(Middle)
Address:		Zipcode:
Telephone:(H)	(Cell)	(Work)
Email Address:		
DOB: Age:	Race: Sex:	How long in Jacksonville?
Name of Parent or Guardian	:	
Address:		
Telephone:(H)	(Cell)	(Work)
How many sessions will you	be able to attend on a mont	hly basis?
School Information: What school do you attend?		
What grade are you in?		
List all other activities you p	articipate in and or / organiz	ations you are a member of:

What other volunteer experience do yo	ou have?
Are you receiving credit through your s	school for this volunteer work?
[] Yes [] No	
to the best of my knowledge. I give the investigate all information contained in about me, if related to my volunteer po	nade on this application are true, correct and complete Duval County Teen Court Program the right to this application and to secure additional information osition. I hereby release from liability the Duval County atives for seeking such information and all other persons shing such information.
	Duval County Teen Court Program are volunteers at-wil Teen Court Program have the right to terminate service
Volunteer Signature	Volunteer Coordinator Signature
 Date	
Please submit all applications to Cortne	ey Boesdorfer. You can also contact Cortney with any
questions or concerns about applicatio	
Teen Court Staff: Cortne	ey Boesdorfer

Office: (904) 479-2478

Email: CBoesdorfer@coj.net

Fax: (904) 255-1028