



# CAPITAL AREA TEEN COURT

REDIRECTING YOUTH TOWARD A CRIME-FREE FUTURE

## Volunteer Agreement/Release Form

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

(city & zip code)

School \_\_\_\_\_

Email \_\_\_\_\_

As a member of the Capital Area Teen Court program, I understand and agree to the following conditions and responsibilities.

1. Members must agree to serve a term of one year, but are not limited to one year.  
Note: Volunteers choose hearing dates that fit their schedules, but are encouraged to volunteer as often as possible.
2. Members will participate in a training program or approved apprenticeship program.
3. Members will be removed from serving if they are philosophically incompatible with the program's purpose, miss two Teen Court hearings without notifying the staff (attorneys only), or are in breach of confidentiality.
4. Members are required to insure that in addition to holding the youth accountable, special attention is given to community responsibility and to the victim.

### Oath of Confidentiality

I solemnly swear or affirm that I will not divulge either by words or signs, any information which comes to my knowledge in the course of a Teen Court presentation, and that I will keep secret all said proceedings which may be held in my presence (so help me God).

### Media Release

I hereby give my permission for \_\_\_\_\_ to be photographed and/or interviewed by the press concerning his/her activities as a volunteer with the Capital Area Teen Court or other related programs.

### Medical Release

We/I hereby authorize ReEntry, Inc. to act as an agency for the undersigned to consent to medical/surgical treatment or hospital care which is deemed advisable by an EMT/physician/surgeon on an emergency basis in the event in which I cannot be reached.

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Student Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

This program is being funded in its entirety by a state grant. One of the state funding requirements is an accurate evaluation of the program's effectiveness. This evaluation will summarize results for the students who participated as a group. Information about your child will be treated as confidential; your child will not be identified individually in any reporting outside the agencies and personnel directly involved in the program.

REENTRY YOUTH DEVELOPMENT  
P.O. BOX 724, RALEIGH, NC 27602  
PHONE: (919)664-5589 FAX: (919) 856-5673

# CAPITAL AREA TEEN COURT

# 2019

**"Redirecting Youth Towards a Crime-Free Future"**

**ARRIVAL TIMES:**  
Court Date: 5:15pm- until case is heard  
Jury Duties: 5:30pm

**REMINDERS: CLASSES AND JURY DUTIES** are completed after your court hearing

If you have any questions throughout the duration of your case, it is **YOUR** responsibility to call your case manager. Please make sure you do not wait until the last minute to complete your sanctions.

**Contact Information:**  
Lician Hernandez, Supervisor  
Lician.Hernandez-Castro@wakegov.com  
Phone: 919-856-5671  
Fax: 919-856-5673

Kierra Corbin, Volunteer Coordinator  
Kierra.corbin@wakegov.com | 919-664-5569

Camille Baker, Case Manager  
Camille.baker@wakegov.com | 919-856-7588  
316 Fayetteville Street Suite 610  
Raleigh NC 27610

## JANUARY

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## MAY

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## SEPTEMBER

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## FEBRUARY

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## OCTOBER

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## MARCH

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## JULY

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## NOVEMBER

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## APRIL

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## AUGUST

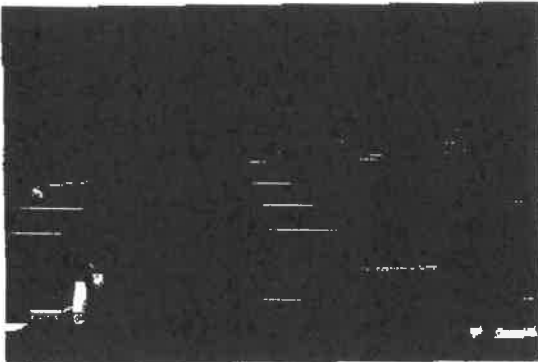
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## DECEMBER

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# Volunteer Training

Youth Attorneys and  
Adult Volunteers



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## WHAT?

- Learn more about Teen Court and law itself
- Become a better **Youth Attorney**
- Learn how to be a great **Adult Volunteer**, helping to lead youth into a successful future

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## WHERE?

Wake County Courthouse

316 Fayetteville Street,  
Raleigh, NC 27601

Ninth Floor

Saturday, February 9th,  
2019

10:00 AM - 2:00 PM