CITY OF ARVADA
MUNICIPAL COURT
8101 RALSTON ROAD
ARVADA, CO 80002

Teen Court Coordinator (720) 898-7171
TeenCourt@arvada.org

Application for Participation

Name: _____

Address: _____ Bldg./Apt.# _____

_____, CO ZIP _____

Phone: (____) _____ - _____

Cell: (____) _____ - _____

*Email: _____

Date of Birth: _____/_____/19___

School: _____

Current Grade: _____

Expected Year of Graduation _____

How did you learn about Teen Court?

School Friend Newspaper

KATV Court Other _____

Please describe why you would like to participate in Teen Court:

_____

_____

_____

Which of the following roles interests you the most? (Check all that apply.)

Juror _____ Defense Attorney _____ Prosecuting Attorney _____

Bailiff _____ Magistrate Panel_____ Advisory Board Member _____

Why? _____

_____

I hereby give permission for my child, _____, to participate in the Arvada Teen Court Program. I agree to provide adequate and *timely* transportation for my child/ward to and from the Teen Court sessions held on Wednesday evenings.

_____ _____

Signature of Parent/Guardian Date

(Application continued on opposite side.)

ARVADA TEEN COURT APPLICATION - CONTINUED

WAIVER OF LIABILITY AND RELEASE

It is understood and agreed that the undersigned Teen Court Participant will perform solely as an individual on a voluntary basis and not as an employee, contractor, or agent of the City of Arvada and will not receive any benefits or compensation except as specifically provided for in the Agreement.

It is further agreed that the undersigned do hereby and forever release, acquit, discharge, indemnify, and covenant to hold harmless, the City of Arvada, its officers, agents, and employees from any and all actions, causes of action, claims, liability, demands, damages, costs, losses of service, medical expenses, and compensation, on account of, or in any way growing out of any and all known and unknown personal injuries, property damage, or any other type of damage, which the undersigned may hereinafter have, individually and/or as parent, guardian, or custodian of said minor, resulting or growing out of participation in or observation of the Teen Court Program.

I, the undersigned, give my permission for the City of Arvada or any other media or press outlet to video tape, photograph, or interview me as a result of my participation in or observation of Teen Court. Furthermore, I give permission for these organizations to use any such tape, photo, or interview without limitation as to time, manner, or frequency. I hereby waive any right to compensation for any such use.

In making this Agreement, I rely wholly upon my judgment, belief, and knowledge and have not been influenced to any extent whatsoever by any representations or statements not contained in this agreement.

Date: _____

Teen Court Participant's *signature:* _____

Parent / Guardian's *signature:* _____

Please print parent's name: _____ Parent / Guardian (circle one)

Code of Ethics

I will not use illegal drugs and/or alcohol before or while attending Teen Court.
I will not wear a hat, clothing that shows my stomach, or clothing which depicts sex, drugs or alcohol, in the courtroom.
I will not hit, strike or shove anyone while at Teen Court.
I will speak in a professional manner in the courtroom and avoid obscenities.
I will not run or yell in the courtroom or in City Hall.
I will not speak with the jurors/attorneys on my case in advance, even if I know them.
I will attend only the cases I am assigned to help with, unless I am given permission to stay.
I will clean up after myself in the courtroom and jury room.

Teen Court Participant's signature: _____