



111 N.W. 1st Street, Suite 2032
Miami, Florida 33128
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16405 N.W. 25th Avenue, Room 107
Opa-Locka, Florida 33054
T 305-622-2592
F 305-622-2593

ADULT VOLUNTEER APPLICATION
(CONFIDENTIAL INFORMATION)

PERSONAL INFORMATION

Name: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Cellular/Beeper No.: _____ E-mail Address: _____

Driver's License No.: _____ State: _____

EMPLOYMENT/PROFESSIONAL INFORMATION

Current employer: _____

Address: _____

Position held: _____ How Long? _____

VOLUNTEER INFORMATION

Are you a member of a local/state bar association?

Yes No Name: _____ Bar No.: _____

How long have you been a judge/attorney? _____

How did you hear about Miami-Dade County Teen Court (M-DCTC)? _____

Have you ever volunteered before? Yes No

If yes, please list previous volunteer experience: _____

Do you have any special interests and/or talents? _____

Have you ever been convicted of a crime? Yes No

If yes, what were the charges? _____

Where convicted? _____

Date of conviction: _____

I am interested in serving as a (check all areas of interest):

- Judge (Any active judge or attorney can act as a “judge” for courtroom hearings)
- Youth Attorney Trainer
- Jury/Courtroom Monitor
- Workshop Facilitator or Tutor
- Attorney Committee Member

Select preferred courtroom location(s) (see list below)

Monday, Wednesday, Thursday evenings beginning at 5:00 p.m. (except holidays)

RICHARD GERSTEIN JUSTICE BUILDING (MONDAYS)

1351 N.W. 12th Street, Miami, Florida – Courtroom 1-3

SOUTH DADE GOVERNMENT CENTER (TUESDAYS)

10710 S.W. 211th Street, Miami, Florida - Courtroom 2-1

NORTH DADE JUSTICE CENTER (WEDNESDAYS)

15555 Biscayne Boulevard, Miami, Florida – Courtroom 2–7

MIAMI GARDENS CITY HALL (1ST THURSDAY OF EVERY MONTH)

18605 NW 27 Ave, Miami Gardens, Florida 33056 - Commission Chamber

HIALEAH CITY HALL (2ND, 3RD AND 4TH THURSDAYS OF EVERY MONTH)

501 Palm Avenue, Hialeah, Florida (Commission Chamber – Third Floor)

Please list three character references:

Name _____

Address _____ Phone No: _____

Name _____

Address _____ Phone No: _____

Name _____

Address _____ Phone No: _____

I certify that the information given is true and complete. I further understand that as a M-DCTC volunteer, I am required to keep all M-DCTC case information confidential.

Adult Volunteer

Date

M-DCTC Coordinator

Date

MDEAT

Miami-Dade Economic Advocacy Trust

Working Together for Economic Change

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, hereby authorize and give consent to service providers and the Miami-Dade County, its officers, employees, agents and instrumentalities, including but not limited to the staff of Miami-Dade Economic Advocacy Trust (MDEAT) and Miami- Dade County Communications Department (Miami-Dade TV) to take/use still photographs, digital photographs, motion pictures, television transmissions, and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary, and public relations purposes. Any such Recordings can reveal my identity through the image itself without any compensation to my children, my wards or me.

Any and all Recordings taken of me shall be the sole property of Miami-Dade County by and through MDEAT and/or Miami-Dade TV. With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against Miami-Dade County, its officers, employees, agents and instrumentalities, which includes MDEAT and/or Miami-Dade TV, its staff, service providers, employees, agents, affiliates and board members.

If 18 years of age or older:

Signature

Date

Printed Name

If a minor under the law:

Parent/Guardian Signature

Witness

Parent/Guardian Printed Name

Date

