

Stephen P. Clark Government Center
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Miami, Florida 33128
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F 305-375-5645

Teen Court North Office
16405 N.W. 25 Avenue, RM-107
Opa-locka, Florida 33054
T 305-622-2592
F 305-622-2593

<http://www.miamidade.gov/economicadvocacytrust/teen-court.asp>

YOUTH VOLUNTEER APPLICATION
(Confidential Information)

For Office Use Only:

- ☐ New Volunteer
☐ Returning Volunteer

PERSONAL INFORMATION

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Address: _____ City and State: _____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Race: _____ Ethnicity: _____

In Case of emergency, please provide a contact name/telephone number: _____

SCHOOL INFORMATION

Name of School You Attend: _____ Grade: _____

Extracurricular Activities: _____
(Including activities outside of school such as religious and community organizations)

Anticipated Graduation Date: _____

VOLUNTEER INFORMATION

Have you ever volunteered before? Yes ☐ No ☐

If yes, please list previous volunteer experience: _____

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

How did you hear about Miami-Dade County Teen Court (MDCTC)? (See below)

- | | |
|--|---|
| <input type="checkbox"/> Brochure/Flyer | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> School presentation | <input type="checkbox"/> Other _____ |

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

☐ Bailiff ☐ Court Clerk ☐ Juror ☐ Defense or Prosecuting Attorney

Select courtroom location(s) (see list below)

Monday – Thursday, evenings beginning at 5:30 p.m. (except holidays)

RICHARD GERSTEIN JUSTICE BUILDING (MONDAYS)

1351 NW 12th Street, Miami, Florida 33125 - Courtroom 1-3

SOUTH DADE GOVERNMENT CENTER (TUESDAYS)

10710 SW 211th Street, Miami, Florida 33189 - Courtroom 2-2

NORTH DADE JUSTICE CENTER (WEDNESDAYS)

15555 Biscayne Boulevard, Miami, Florida 33160 - 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 33010 - Commission Chamber (Third Floor)

To the MDCTC Volunteer

I certify that the information given in this application is true and complete. I promise to keep all MDCTC information confidential and I will not divulge, either by words or signs any information that comes to my knowledge during a court hearing proceeding.

Youth Volunteer

Date

MDCTC Juvenile Services Specialist

Date

To the Parent/Guardian

I have read the information about MDCTC and I give permission for my child to participate as a MDCTC Volunteer. As a Parent/Guardian, I understand that all MDCTC Volunteers are required to keep all cases **CONFIDENTIAL**.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

Parent/Guardian Telephone Number

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) I hereby consent and authorize the staff of 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

