



CITY OF SAN MARCOS – TEEN COURT

TEEN VOLUNTEER APPLICATION

Please fill out all of the information completely. **PRINT LEGIBLY.**

APPLICANT NAME: _____ DATE: _____

PARENT/ GAURDIAN NAME: _____

MAILING ADDRESS: _____ CITY/ZIP: _____

PHONE #: _____ BIRTHDATE: _____ MALE/FEMALE: _____

SCHOOL: _____ E-MAIL: _____ GRADE: _____ GRAD YEAR: _____

(IF NEEDED) ALTERNATE EMAIL: _____ ALTERNATE PHONE #: _____

ACTIVITIES/CLUBS/INTERESTS: _____

Please check positions in which you are interested (may select more than one):

- JURY DUTY** Listen to presentation of cases; determine sentence.
- BAILIFF** Arrive early for check-in; call each case in court; oversee handling of paperwork for judge; maintain order in the court.
- PROSECUTING ATTORNEY** Attend training; represent State’s interest during proceedings; arrive early to review cases; suggest appropriate sentence in cases you represent.
- DEFENSE ATTORNEY** Attend training; represent defendants in cases assigned to you; arrive early to review paperwork AND meet personally with defendant prior to court; suggest appropriate sentence in cases you represent.
- I AM INTERESTED IN ALL POSITIONS**

ALL APPLICANTS are expected to: Participate in any required training; carry out judges’ instructions; ensure confidentiality of hearings; treat ALL participants with RESPECT; and follow all Teen Court rules – dress code, professionalism, etc.

Court will be held promptly at 5:30 p.m. on the 3rd Wednesday of each month. All participants will need to check in no later than 5:35 p.m. at the San Marcos Public, 625 E Hopkins Street, San Marcos, TX 78666.

I am willing to commit to serving on the Teen Court for at least 3 sessions.

I have read the duties and understand the responsibilities of serving on Teen Court, and would like to serve in the position(s) checked above.

APPLICANT SIGNATURE

PARENT/GAURDIAN SIGNATURE

Thank you for your interest in our program. You will be contacted by the Municipal Court office with further information.

Please mail, fax, e-mail or bring this application signed by parent or guardian to:

Kristian Marez, San Marcos Juvenile Case Coordinator
San Marcos Municipal Court- Teen Court
712 S. Stagecoach Trail Suite 2233
San Marcos, TX 78666 or email to kmarez@sanmarcostx.gov
Please call 512-393-8191 with any questions. Fax. 855-251-9121



CITY OF SAN MARCOS – TEEN COURT

CONFIDENTIALITY AGREEMENT

Please fill out all of the information completely. **PRINT LEGIBLY.**

I, _____, a participant in the City of San Marcos- Teen Court program, understand and acknowledged the information presented in the cases before Teen Court, including the identities of the defendants, the specific facts of the case, and any specific information about the deliberations of a jury, are strictly confidential, and that I am restricted and forbidden to disclose said information to any party other than the Teen Court judge or coordinator.

Further, I agree that I will not disclose any information presented in the cases before Teen Court, including the identities of the defendants, the specific facts of the case, and any specific information about the deliberations of a jury to anyone but the Teen Court judge or other designated court officials. I also agree to immediately notify the Teen Court officials if at any time I come upon information that a participant in Teen Court may cause harm to him/herself or others.

I understand that this Confidentiality Agreement applies to information I have received in the past, present, and in future involvement in Teen Court. I further understand that failure to abide by this Confidentiality Agreement is grounds for immediate dismissal from the program. I also understand that this Agreement is binding and remains in full effect even if I discontinue participation in Teen Court.

Dated: _____

Signature of Teen Court Participant



CITY OF SAN MARCOS MUNICIPAL COURT – TEEN COURT

PHOTO RELEASE FORM

Participant's Name _____

Parent/Guardian if Participant is Under the Age of 17 _____

I hereby authorize The City of San Marcos to publish the photographs taken of me, and my name, for use in the COSM printed publications, news releases, and website.

A third party approved by COSM may publish the photographs taken of me and my name, for use in printed publications, and news releases.

I acknowledge that since my participation in publications, news releases, and websites produced by the COSM is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication, news release, and website produced by the COSM confers upon me no rights of ownership whatsoever.

I release the COSM, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ Date: _____
Parent/Guardian if Participant is Under the Age of 18

Street Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____