

United Youth Courts of Alaska
240 Main St., Suite 700
Juneau, AK 99801

United Youth Courts of Alaska
YOUTH COURT APPLICATION

Please note, this information is kept confidential.

Participant Information

Date ____/____/____

Name _____ Gender **M / F** Birth date ____/____/____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Mailing Address _____ Cell Phone _____

Email Address _____

Please check preferred communication method:

Text E-mail Cell Phone Home Phone

School _____ Grade _____

How did you hear about the UYCA? _____

Please complete the following as it is collected for anonymous grant reporting purposes only.

Please check one for the youth volunteer:

- | | |
|---|--|
| <input type="radio"/> Alaska Native / American Indian | <input type="radio"/> Native Hawaiian / Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> White / Caucasian |
| <input type="radio"/> Black / African American | <input type="radio"/> Multirace |
| <input type="radio"/> Hispanic / Latino | <input type="radio"/> Unknown |

Parent Guardian Information

Parent/Guardian Name _____ Contact Phone Number _____

Parent/Guardian Name _____ Contact Phone Number _____

Parent/Guardian Name _____ Contact Phone Number _____

Parent/Guardian Name _____ Contact Phone Number _____

Mailing Address (if different from above) _____

In case of emergency, notify:

Name _____ Phone Number _____

Name _____ Phone Number _____



UYCA YOUTH VOLUNTEER PARENT/LEGAL GUARDIAN WAIVER

TO BE READ AND SIGNED BY PARTICIPANTS PARENT OR LEGAL GUADIAN

I understand that my child’s participation in UYCA activities is completely voluntary and is being undertaken without promise or expectation of any compensation for participation. I acknowledge that my child is reasonably healthy and fit in order to participate safely in UYCA activities. Please note any special needs, allergies or considerations that would be helpful to the UYCA leaders:

Special Notes Here:

PARENTAL PERMISSION FORM

In consideration of the opportunity for my/our child to serve as a member of the United Youth Courts of Alaska, I/we give permission for his/her voluntary participation. On behalf of my/our child, I/we waive any right, claim, liability or cause of action arising as a result of said participation in UYCA from which any liability may or could result against UYCA, its sponsoring organization, or their officers, directors, employees, agents or representatives, collectively or individually. Without limiting the generality of the above, I/we, on behalf of my/our child, agree that this waiver shall include any rights, claims, claims of responsibility or liability or causes of action resulting from personal injury to my/our child or damage to my/our child's property sustained in connection with my/our child's activities in UYCA and agree to indemnify UYCA, its sponsoring organization(s) and their officers, directors, employees, agents or representatives from any such claims.

PHOTO/VIDEO RELEASE

I/we also give permission to UYCA to use photographs, and/or video and/or audio of my/our child obtained while participating in UYCA. I/we release UYCA, its sponsoring organization from any, and all, liabilities arising from these items for publicity purposes and waive the right to all negatives, photos, tapes and reproductions, as well as waive my/our right to inspect or approved the finished photographs and/or tapes.

By signing this application, I grant permission for my child’s participation in all UYCA events without requiring additional permission forms. I have read the forgoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Parent/Guardian Signature

Date

*I hereby authorize the UYCA
to act for me according to their best judgment in any emergency requiring medical
attention and hereby release, exonerate and discharge the UYCA, its sponsor, staff and
volunteers from any, and all, actions or cause of actions
known or unknown for any injuries incurred while volunteering for UYCA.*

Volunteer Signature and Date

Parent/Guardian Signature and Date



WHAT ARE YOUR EXPECTATIONS WITH YOUTH COURT? HOW DO YOU FEEL YOUTH COURT WILL BENEFIT YOU? HOW DO YOU FEEL THAT YOU WILL BENEFIT YOUTH COURT?

ARE YOU WILLING TO COMMIT TO THE TRAINING REQUIRED FOR THE YOUTH COURT PANEL? _____

DO YOU UNDERSTAND THAT THE YOUTH COURT MUST BE A HIGHLY CONFIDENTIAL PROGRAM AND YOU ARE NOT ALLOWED TO SHARE THIS INFORMATION WITH ANYONE? _____

DO YOU UNDERSTAND THAT YOU WILL BE REQUIRED TO ATTEND SCHEDULED YOUTH COURT MEETINGS?

DO YOU HAVE ANY SPECIFIC QUESTIONS OR CONCERNS?



YOUTH COURT POSITIONS

Judge—Leads discussion and officiates, deliberates and asks question

Clerk—Collects money, schedules and fills out forms

Recorder—Writes detailed record of proceeding

Bailiff—Maintains order, collects/hands out papers and makes copies

Adult Advisor—Scheduling, legal paperwork, works with the court/school as liaison, HAS VETO POWER!

MENTOR—ALL YOUTH COURT PANEL MEMBERS WILL BE PART OF THE MENTOR POSITION. YOU WILL EACH BE RESPONSIBLE TO BE A MENTOR FOR AN OFFENDER AS NEEDED. YOU WILL MAKE CALLS/TEXT/EMAIL WEEKLY AND POSSIBLY ASSIST WITH VOLUNTEER OPPORTUNITIES.

ALL YOUTH COURT PANEL POSITIONS WILL BE SHARED BY THE YOUTH COURT PANEL AND WILL VARY FROM WEEK TO WEEK.

