

111 N.W. 1<sup>st</sup> Street, Suite 2032  
Miami, Florida 33128  
T 305-375-5661  
F 305-375-5645

16405 N.W. 25<sup>th</sup> 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. 12<sup>th</sup> Street, Miami, Florida – Courtroom 1-3

**SOUTH DADE GOVERNMENT CENTER (TUESDAYS)**

10710 S.W. 211<sup>th</sup> Street, Miami, Florida - Courtroom 2-1

**NORTH DADE JUSTICE CENTER (WEDNESDAYS)**

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

**HIALEAH CITY HALL (2<sup>ND</sup>, 3<sup>RD</sup> AND 4<sup>TH</sup> 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