

Stephen P. Clark Government Center  
111 N.W. 1 Street, Suite 2032  
Miami, Florida 33128  
T 305-375-5661  
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)

- Brochure/Flyer                       Family/Friends  
 School presentation                 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 12<sup>th</sup> Street, Miami, Florida 33125 - Courtroom 1-3

**SOUTH DADE GOVERNMENT CENTER (TUESDAYS)**

10710 SW 211<sup>th</sup> 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 (1<sup>ST</sup> THURSDAY OF EVERY MONTH)**

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

**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 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