

A Compass Program

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
LASSEN COUNTY TEEN COURT
145 S. LASSEN STREET
SUSANVILLE, CA 96130**

APPLICATION FOR TEEN COURT COMMISSIONER

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Grade: _____ G.P.A. _____

Parent/Guardian Name: _____

School you attend: _____

Teacher Reference: _____ Phone Number: _____

Activities outside of school (sports; church; community, etc.): _____

What qualities do you have that would make you a good teen court volunteer?

VOLUNTEER SIGNATURE: _____

I am allowing my daughter/son to participate as a Teen Court volunteer. I understand that we, as a parent(s)/guardian(s) are invited to attend the Teen Court training session with our daughter/son. I further understand that all Teen Court volunteers are required to keep cases **CONFIDENTIAL**.

PARENT OR GUARDIAN SIGNATURE: _____

DATE: _____

Return completed application to: Gregg Scott
Juvenile Programs Coordinator
145 S. Lassen St.
Susanville, Ca 96130
Phone: (530) 251-8002