



## VOLUNTEER APPLICATION FOR SHASTA COUNTY YOUTH/PEER COURT

*Please print legibly!*

Date \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_ STUDENT CELL #: \_\_\_\_\_  
TEXT OK? Yes No

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENTS/GUARDIAN'S NAMES \_\_\_\_\_

WHAT ROLE IN SHASTA COUNTY YOUTH/PEER COURT WOULD YOU LIKE TO PARTICIPATE IN?

**JURY MEMBER**

**ATTORNEY**

**CLERK**

**OTHER**

### PHOTO CONSENT AND RELEASE FORM

I, the undersigned, do hereby give my permission to the Youth Violence Prevention Council and its partners, to use my name, face, and likeness in print, display, advertising, video, and/or television. I hereby voluntarily and knowingly waive any claim towards the invasion of my privacy through the reproduction or broadcast that my likeness or voice may entail.

I understand that I am to receive no compensation for the use of my likeness in any form. I hereby agree that there have been no representations made to me that the reproduction or broadcast of my likeness or voice in any form shall be limited in time, length, or geographic location. This consent is voluntary, informed, and executed with full and complete knowledge of its content. I further attest that I am legally able to execute this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent, if signing for a minor)

To schedule jury duty: e-mail: [jennylynn@yoShasta.org](mailto:jennylynn@yoShasta.org)  
Call: 530-244-7194 Text: 530-508-6875

 <https://www.facebook.com/ShastaYouthPeerCourt/>