



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: ____ Age ____

PARENTS/GUARDIAN'S NAMES _____

Shirt Size: Women's / Men's XS / Small / Medium / Large / XL

What skills do you feel you can contribute to Peer Court?

Why do you think having a Peer Court is important?

Signature: _____ Date: _____

To Contact Youth Options: e-mail: Skyler@yoShasta.org

Call: 530-244-7194 Text: 530-508-6875





Court dates are typically held on the 2nd and 4th Wednesdays of each month from 5:00pm to 7:30pm

Will you be available for these meetings? Yes:___ No:___

Case Conferencing is typically held on the 1st and 3rd Wednesday of each month from 4:30-6:00

Will you be available for these meetings? Yes:___ No:___

I solemnly swear or avow that I will not divulge, either by words, signs or social media, any information which comes to my knowledge during a Youth/Peer Court case presentation and that I will keep confidential all said proceedings which may be held in my presence.

Signature: _____ **Date:** _____

Transportation

Please check the appropriate circle:

- Yes, my child may drive or ride with another student or advisor
- No, my child may not drive or ride with another student or advisor.

Photo Consent & Release Form

I, the undersigned, do hereby give my permission to the Youth Options Shasta 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.

Parent/Legal Guardian

I hereby grant my permission for the student names on the application to apply for the City of Redding's Youth Action Council, and if selected, to participate in the program:

Signature of Parent/ Guardian

Date





Emergency/Medical release & Allergy Information Form

Name of participant: _____ Date of Birth _____ Age _____

Home Address: _____

Parents Name/Legal Guardian: _____ Cell Phone: _____

Alternative Emergency Information (All persons listed must be 18 years or older.)

Name: _____ Relationship _____

Telephone: _____ Cell Phone: _____

Name: _____ Relationship _____

Telephone: _____ Cell Phone: _____

Name: _____ Relationship _____

Telephone: _____ Cell Phone: _____

Any allergies or medical conditions? _____

If yes, please explain: _____

NOTE: Please inform staff immediately if you need to update telephone numbers, delete, or add names to this authorization form.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

