



TOWN OF CLARENCE YOUTH COURT PROGRAM

Town of Clarence Youth Court Program

Member Application

Date: ____/____/____

Name: _____
(First) (Last)

Address: _____

Town: _____ State: _____ Zip Code: _____

Email Address: _____

Phone #: (Home) _____ (Cell) _____

Date of Birth: _____ Age: ____ Grade: _____ Graduation Year: _____

School Attending: _____ School Counselor: _____

Parent/Guardian: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Please describe the reasons for your interest in serving on the Town Youth Court:

**Town of Clarence Youth Bureau
10510 Main Street
Clarence, NY 14031
(716) 407-2162**

What are your plans for education and career in high school and after high school?

Each prospective member of Youth Court must make a one-year commitment to fulfilling the responsibilities of youth advocacy. Responsibilities as a youth advocate include the following:

- A). Attendance at all training sessions
- B). Attendance at an assigned Youth Court session (approximately once a month)
- C). Preparation of written materials and case information prior to monthly session
- D). Preparation for assigned Youth Court session during the week prior to scheduled hearing
- E.) Commitment to maintaining strict confidentiality and professionalism
- F.) Commitment to ethical behavior and good citizenship in school, town, and digital communities.

Will you make this commitment as a member of Youth Court? _____

Please describe the values you consider most important for serving as a youth advocate.

Please list your participation and role in any clubs, sport, community organizations, and employment.

References:

Please include one educational reference and one community reference. The educational reference must be your guidance counselor or an administrator at your high school. The community reference must be someone for whom you have worked or volunteered, should be over twenty-one years of age and should not be a relative. Please advise your references you have listed them on this application and they will be contacted by the Youth Court.

Educational Reference:

Name: _____ Position: _____

Business Address: _____

Phone #: _____ Known for how long: _____

Email Address: _____

I believe _____ will serve as a valuable member of the Town of Clarence Youth Court.

Signature: _____

Community Reference:

Name: _____ Phone #: _____

Address: _____ Known for how long: _____

Email Address: _____

I believe _____ will serve as a valuable member of the Town of Clarence Youth Court.

Signature: _____

**** After reference checks, Youth Court applicants will be contacted to schedule an interview.**

If you have any questions, please contact:

Mrs. Dawn Kinney, Youth Court Coordinator at

407-2162 or dkinney@clarence.ny.us

Mrs. Mary Sorrels, Clarence High School – Rm. 215