

# St. Mary's County Teen Court

St. Mary's  
County



*Empowering St. Mary's Youth*

## Adult Volunteer Application Packet

301.475.4200 x71852  
301.373.0328 (Cell)  
301.475.8485 (Fax)  
TeenCourt@stmarysmd.com

St. Mary's  
County Teen Court  
Department of Aging & Human  
Services  
PO Box 653  
Leonardtown, MD 20650



*Empowering St. Mary's Youth*

St. Mary's County Teen Court  
Department of Aging & Human Services  
PO Box 653  
Leonardtown, MD 20650  
301-475-4200 x71852  
301-475-4268 (fax)  
teencourt@stmarysmd.com

## **ST. MARY'S COUNTY TEEN COURT WELCOME**

Thank you for your interest in volunteering with the St. Mary's County Teen Court Program. This packet provides you with the documentation necessary to become an adult volunteer in this very important and beneficial program for county teens. Adult volunteer opportunities include: Jury Monitor, Training assistant, Bailiff/Court Clerk, Community Judge, Teen Court Steering Committee Member, and/or court session administrative support.

As you are likely aware, the St. Mary's County Teen Court is a youth diversion program for first-time misdemeanor offenders, designed to teach responsibility and appropriate decision making while restoring a sense of safety in the community. Based on the philosophy that youthful offenders will not continue to offend when a peer jury decides punishment, it provides an opportunity for first time offenders to avoid the stigma of a formal criminal record by completing sanctions such as community service hours, essays, letters of apology, attending educational programs, and jury duty assignments.

The St. Mary's County Teen Court initiative, which began in fall 2001, offers juveniles aged 11-17 who have committed a misdemeanor crime, such as shoplifting, disorderly conduct, destruction of property, or possession of alcohol, the opportunity to appear before a jury of their peers who will determine the appropriate sanctions for their actions. However, to be accepted into the Teen Court Program, the offense must meet the program acceptance criteria, be agreed to by the parent or guardian, and the juvenile must admit involvement (guilty) to the offense. The subsequent disposition (sentencing) hearing features trained volunteer teens that perform the roles of prosecuting and defense attorneys, bailiffs, clerks, and jury members. The Judge is the only adult directly involved in the court proceedings. After careful consideration of the facts, the jury deliberates and decides upon a constructive disposition (sentence). When the respondent successfully completes the prescribed disposition within the specified probation period of 90 days, the original charge will be dropped.

Your decision to become part of this program reflects well on you and your desire to help the teens of St. Mary's County. The St. Mary's County Teen Court is truly a *real justice* program run by teens for teens. We look forward to you becoming a member of this special program.

Gregory W. Jones, Sr.  
Teen Court Coordinator

## TEEN COURT APPLICATION CHECKLIST

**1. Please include everything on this list in your application packet):**

\_\_\_\_\_ Adult Volunteer Application

\_\_\_\_\_ Release and Waiver of Liability

**2. You may submit the completed volunteer application to the St. Mary's County Teen Court Coordinator by one of the following:**

1. Attending a scheduled Teen Court Session and delivering completed packet to the Coordinator.
2. Hand deliver to the Teen Court Office, 1<sup>st</sup> Floor, Potomac Building, 23115 Leonard Hall Dr, (Governmental Complex), Leonardtown, MD.
3. Mail to:

Gregory W. Jones, Sr.  
Teen Court Coordinator  
P.O. Box 653  
23150 Leonard Hall Dr.  
Leonardtown, MD 20650  
Phone: 301.475.4200 x71852 Fax: 301.475.8485

# St. Mary's County Teen Court

## Adult Volunteer Application

Date of Application: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you gone by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please identify: \_\_\_\_\_

Do you have an active security clearance? Yes \_\_\_\_\_ No \_\_\_\_\_ Can you provide verification? Yes \_\_\_\_\_ No \_\_\_\_\_

Teen Court is generally conducted every second and fourth Monday evening from approximately 5:30 PM – 9:00 PM. Are you available on these Monday evenings? Yes \_\_\_\_\_ No \_\_\_\_\_

List below any previous volunteer experiences: (Feel free to continue on another sheet of paper if necessary)

Name of organization or activity:

Nature of volunteer activity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### IN CASE OF EMERGENCY

Contact: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Any medical conditions or allergies that would affect your ability to participate in Teen Court? Yes ( ) No ( )  
If yes, please explain:

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Please provide two (2) personal references (non-relative).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*Teen Court adult volunteers have routine contact with youths and minors during the performance of their duties. As required by law, all individuals who have such contact are required to undergo a criminal background check conducted by the St. Mary's County Government or its official designated agent. By your signature below you agree to the conduct of this background investigation and to provide additional information that may be required. All adult volunteers accepted into this program are required to serve a one year probationary period.*

*I affirm that the above information provided is true and correct and I solemnly declare that I will keep confidential and not divulge, either by word or signs, any information or names that come to my knowledge in the course of a Teen Court Session. I will not identify directly or indirectly, either audibly or in writing, any person participating as a respondent in the Teen Court Program.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness Printed Name: \_\_\_\_\_

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### OPTIONAL ADULT PHOTO RELEASE

I hereby grant the St. Mary's County Teen Court Program my permission to take photographs of me or photographs in which I may be involved with others for the purpose of promoting the **St. Mary's County Teen Court Program**.

I hereby release and discharge staff members of the St. Mary's County Teen Court Program and press organizations covering official events from any and all claims arising out of the use of these photos.

I certify that am 18 or older, have read the above statement, and fully understand and agree to its content.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_

If there are any questions, please contact the Teen Court Coordinator at 301.475.4200 x1852.

**The importance of honoring the confidentiality agreement cannot be overstated. The business of appearing before the Teen Court is a personal matter. All aspects of the Teen Court session are considered CONFIDENTIAL. Failure to respect and honor this agreement will result in, as a minimum, dismissal from participation in the program.**

Teen Court Coordinator  
P.O. Box 653  
23150 Leonard Hall Dr.  
Leonardtwn, MD 20650  
Phone: 301.475.4200 x71852 Fax: 301.475.4268



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## **Release and Waiver of Liability**

*Each Volunteer/Intern must have a signed "Release and Waiver of Liability" on file. This form must be completely filled out and submitted to the appropriate department. Please read carefully. This is a legal document that affects your legal rights.*

### **St. Mary's County Government Department of Aging & Human Services**

This release and waiver was executed on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_- \_\_\_\_\_ (the "Volunteer/Intern") and \_\_\_\_\_ (the "Guardian" if Volunteer/Intern is a minor child). The Volunteer/Intern desires to serve as a Volunteer/Intern for St. Mary's County and engage in activities related to being a Volunteer/Intern. The Volunteer/Intern (and guardian) does hereby release and forever discharge and hold harmless St. Mary's County Government and its successors and assigns from any and all liability, claims, and demands of whatever kind and nature, either in law or equity, which arise or may hereafter arise from Volunteer/Intern's activities with St. Mary's County Government.

Volunteer/Intern (and Guardian) understands that this release discharges St. Mary's County Government from any liability or claim that the Volunteer/Intern (or Guardian) may have against St. Mary's County Government with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer/Intern's activities with St. Mary's County Government, whether caused by the negligence of St. Mary's County Government or its officers, directors, employees, agents or otherwise. Volunteer/Intern (and Guardian) also understands that St. Mary's County Government does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance in the event of injury or illness.

Volunteer/Intern (and Guardian) understands that, except as otherwise agreed to by St. Mary's County Government in writing, St. Mary's County Government does not carry or maintain health, medical, or disability insurance coverage for any Volunteer/Intern. St. Mary's County Government maintains general liability insurance, which may or may not apply to specific circumstances. Each Volunteer/Intern is expected and encouraged to obtain his or her own medical or health insurance coverage.

Volunteer/Intern (and Guardian) expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. Volunteer/Intern (and Guardian) agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer/Intern (and Guardian) has/have executed this Release as of the day and year first above written.

\_\_\_\_\_  
Signature of Volunteer/Intern

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent Having Legal Custody  
or Legal Guardian (If Volunteer/Intern is a Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer/Intern Address: