

## San Bernardino Restorative Youth Court Application

Thank you for your interest in the Youth Court program. Please fill out as much information as possible to provide us with an idea of your interests and reasons for wanting to be involved with our program. The more we know about you, the better able we will be to place you in a role that will benefit the program and interest you. All information is confidential and will not be released.

Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

What school do you attend? \_\_\_\_\_ SCHOOL ID# \_\_\_\_\_

What types of activities are you involved with in and outside of school? \_\_\_\_\_

How did you hear about/become interested in youth court? \_\_\_\_\_

What are your educational or career plans after graduation from high school? \_\_\_\_\_

Have you ever come in contact with or had any experience with any law enforcement agency or the court system? If so, please explain: \_\_\_\_\_

When are you available to volunteer for youth court?

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Monday 4:00PM-7:00PM

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Wednesday 4:00PM-7:00PM

Thank you for completing this application form and for your interest in volunteering with us.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

IT IS FURTHER AGREED AND UNDERSTOOD that as a condition of the participation in the SBRYC Youth Court program you and your parent(s) or legal guardian(s) promise to hold harmless San Bernardino City Unified School District, Reach Out, Partners for Innovative Communities and any community service agency or individuals from any and all actions, causes of action, or any claims whatsoever, which may arise out of participation in any activities of the SBRYC Youth Court Program. Including but not limited to all liability of injury, death, or other damages.

I agree to allow SBCUSD and/or partnering agencies of the Youth Court Program to use any photographic image or videotaping of the youth/mentee while participating in the SBRYC program. These images may be used in promotions or other related marketing materials.

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.

Signature of Youth Volunteer

Date

Signature of Parent/Guardian

Date

Please Mail or deliver this application to:  
San Bernardino City Unified School District  
ATTN: Youth Services/ Youth Court  
1535 W. Highland Avenue San Bernardino, CA 92411

All information is Confidential