

SUMMER 2 0 2 4   
V O L U N T E E R

O P P O R T U N I T Y

For White Plains Youth Ages 14 -17 years

Volunteer and Become a Member of the   
White Plains Community Youth Court!

**\*Receive up to 6 weeks of educational training from local Prosecutors and Attorneys\***

**\*Get Community Service Hours\*  
  
\*Gain Public Speaking Experience\***

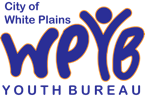
**\*Excellent addition to any College Resume\***

**\*Gain Early-Bird Enrollment for Youth Court Summer Training\***  
**Virtual Training Workshops will be held on Zoom July 2, 2024 to August 13, 2024,  
Tuesdays and Thursdays 6:00pm to 8:00pm**After completing workshops, participants will graduate from training and begin Youth Court

in September 2024.

To Learn More and Apply Complete the Attached Application or Call the Program Coordinator

**Questions? Contact – Connie Jones-Hairston, Program Director   
(914) 216-5697 |** [**cjones@whiteplainsny.gov**](mailto:cjones@whiteplainsny.gov)

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**COMMUNITY YOUTH COURT**

**White Plains Youth Bureau**

**914-216-5697. cjones@whiteplainsny.gov**

**Youth Court Volunteer Application Form**

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| Youth Name |  | | | | | | | Sex |  | | | | Age | | |  | | | | | Date of Birth | | | |  | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | State | | |  | | | | | Zip | |  | | | |
| Home Phone: | | |  | | | | | | | | | Cell Phone: | | | | | | | |  | | | | | | | |
|  | | | Email: | | | | | | | | |  | | | | | | | |  | | | | | | | |
| Parent/Guardian Name, Cell, and Email | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| What school do you attend? | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| What types of activities are you involved with in school? | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| What activities are you involved with outside of school? (church, community, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Do you work? | | |  | | | If so, where? | | | |  | | | | | | | | | | | | | | | | | |
| Work phone number | | | |  | | | | | | | | | | | Hours per week | | | | | | | |  | | | | |
| How did you hear about/become interested in youth court? | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| What qualities do you have that would make you a good youth court volunteer? | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| What do you hope to gain from being in youth court? | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| What are your educational or career plans after graduation from high school? | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Bailiff**  **Court Clerk**  **Juror**  **Defense Attorney**  **Prosecuting Attorney**  **Judge** | | | | | | | | | | | | | | | **Youth Advisory Board Member**  **Program Advisory Board Youth Liaison**  **Other Assigned Duties includes:**  **Youth Advocate, Community Services with the Wellness Program, Fund Raising, and Public Speaking.** | | | | | | | | | | | | | |

**I understand by participating in the White Plains Community Youth Court Program, I am required to perform ALL REQUIRED ROLES mentioned above.**

**When are you not available to volunteer (e.g., days of week, times of day, times of year)**

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**REFERENCES**

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The community reference should be over twenty-one years of age and should not be a relative.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Educational Reference:** | | | | |  | | | | |  |
| Name |  | | | | | Position | | |  | |
| Address | |  | | | | Phone | |  | | |
| **Community Reference:** | | | | |  | | | | |  |
| Name |  | | | | | Position | | |  | |
| Address | |  | | | | Phone | | |  | |
| **Emergency Contact:** | | | | |  | | | | |  |
| Name |  | | | | | Phone | | |  | |
| Address | | |  | | | | | | | |
| Relationship to you | | | |  | | | | | | |
|  | | | |  |  | | | | |  |
| I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.  **By Completing Youth Court Training, I commit to participating as a Youth Court Member from September 2024 to June 2025.** | | | | | | | | | | |
|  | | | |  |  | | | | |  |
| Signature of Volunteer | | | | |  | | Date | | |  |
|  | | | |  |  | |  | | |  |
| Signature of Parent/Guardian | | | | |  | | Date | | |  |

PLEASE RETURN APPLICATION TO WHITE PLAINS YOUTH BUREAU

11 Amherst Place, White Plains NY 10601

OR

Email Completed Form to Connie Jones-Hairston, Program Director

@ cjones@whiteplainsny.gov