

Volunteer Youth Attorney (Defense/Prosecution)

Duties:

1. Review facts of assigned cases
2. Prepare opening and closing statements
3. Prepare direct and cross examination
4. Make recommendation regarding the most fair, constructive, and restorative sentence for defendant based on information provided by defendant, defendant's family, victims, and community

Expected Outcomes:

- Enhanced public speaking skills
- Better critical thinking and listening skills
- Valued service to the community

Qualifications:

Volunteer must be enrolled as a full-time student in secondary education in the county school district.

Training:

Volunteer must complete pre-service training program and participate in at least two mock youth court hearings.

Responsible To:

Peer Court Manager or designated adult volunteer

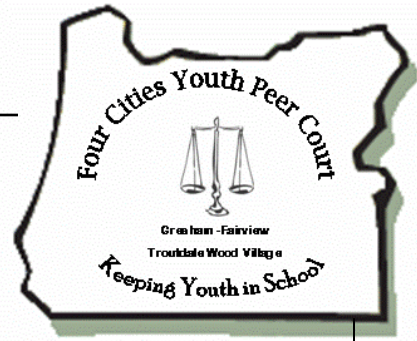
Time Required:

Approximately 5 hours of pre-service training, with ongoing coaching from Peer Court Judges. Hearings are held on Mondays or Thursdays, 4-6pm during the academic year. Attorneys must arrive at 3:40pm and stay until last assigned case is heard.

Length of Commitment:

At least once a month during the academic year

Volunteer Application & Agreement



Name _____ Age _____

School _____ Grade _____

Address _____ City _____ Zip _____

Telephone Number () _____ Email: _____

Name of Parent/ Guardian _____ Phone number: _____

How did you become interested in peer court? _____

After participating in the Four Cities Peer Court Training Session, I wish to be scheduled as a Peer Court Volunteer.

I would like to serve as a _____.

As a second choice, I would like to serve as a _____.

Special considerations for scheduling _____

I understand that I may be called upon at any time to serve in Four Cities Peer Court. I will take my responsibility seriously and will maintain confidentiality regarding all Peer Court proceedings. I understand that if I neglect my responsibility or breach my oath of confidentiality, I will be removed from serving in the Four Cities Peer Court Program.

Mark the boxes below that apply to your commitment at the Four Cities Peer Court:

() 20 cases as attorney over the next year

() 4 jury duties

____ Yes, I give my consent / ____ No, I do not give my consent to be photographed and/or videotaped by Northwest Family Services (NWFS) and give NWFS the right and permission to copyright and use, re-use, publish, and republish them for educational programs, publicity, and non-commercial public service announcements purposes.

Youth Signature _____

I have read the information on the back of this form and am allowing my teen to participate as a youth volunteer. I understand that we, as a parent(s)/guardian(s) are invited to attend the Youth Attorney Training Session with our teen. I further understand that all volunteers are required to keep cases **CONFIDENTIAL**.

Parent or Guardian Signature _____ Date _____

When application is completed return to:

Northwest Family Services/ Peer Court
6200 SE King Rd
Portland, OR 97222
(503) 891-9065