

301 Washington Street, Oconto, WI 54153-1699 (920) 834-6845 FAX (920) 834-6853



## Oconto County Teen Court Panel Application

Name	Date of birth			
School		Graduation Year		
Cell Phone / /	text: yes □ no □ Home Phone	/	/	
E-mail				
Home Address	City	State	Zip	
What skills do you have th	hat would make you an effective Teen Cou	ırt Panel memb	er?	

	Explain in your own words, the importance of keeping the Oath of Confidentiality.		
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<b>*</b>	Describe what a role model is. In what way are you a role model in your school and community?		
•	List the days and times of any extracurricular activities or clubs you are involved in, including	work	

provided by Extension Oconto Cour- evening per month. I realize that Tec	unty Teen Court Panel member, I agree to attend a one-day training nty. I agree to serve as a voluntarypanel member approximately one en Court may attend trainings or presentations during a school day and up any school work I miss. I realize that transportation to Teen Court
► Applicant Signature	Date
Parent/Guardian: I have read the above statements and County Teen Court.	d agree to allow my son/daughter to participate in all aspects of Oconto
► Parent Signature	Date
Please return to:	Oconto County Teen Court Program Extension Oconto County 301 Washington Street Oconto, WI 54153-1699