



# City of Tigard

## Youth Peer Court Application to Volunteer

Peer Court is a student court designed for youth and run by youth. The court depends of youth to volunteer their time and effort as jurors and attorneys so that all who appear will receive a fair and appropriate sentence. If you would like to participate, please complete the application below, indicating your preference as to court position. Return the application in person, or by mail, to Tigard Police Records, 13125 SW Hall Blvd., Tigard, OR 97223.



### Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

What is the best way to contact you? (Phone, text, email) \_\_\_\_\_

Parent/Guardian Name and Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Applicant Questions

How did you hear about Tigard Youth Peer Court? \_\_\_\_\_

What do you hope to gain from being in Youth Peer Court? \_\_\_\_\_

\_\_\_\_\_

What can you contribute to the Tigard Youth Peer Court? \_\_\_\_\_

\_\_\_\_\_

Please explain what motivates you to apply for the Tigard Youth Peer Court. Also speak to your personal values, ethics and how you see yourself in your own community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area of interest:     Juror     Youth Attorney     Both

By signing this application, I affirm that these statements are true and accurate to the best of my ability.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**If extra space is needed, please use the back of this page.**



## **Tigard Youth Peer Court FREQUENTLY ASKED QUESTIONS**

Thank you for considering joining Tigard's Youth Peer Court as a juror. Below are answers to a few frequently asked questions. We hope you'll join us!

### **What does a juror do?**

Jurors have a chance to make an immediate difference in people's lives by actively listening and providing a respectful audience for youth in trouble. The jury listens to the defendant, asks questions about what happened, deliberates and chooses sanctions. Sanctions can be community service, letters of apology, payment for damage done, and self-improvement classes. Jurors receive training before attending their first trial. Jurors are required to keep case information confidential.

### **When and where does youth court meet?**

Trials are held the 2<sup>nd</sup> and 4<sup>th</sup> Mondays of the month from 4:15-6:00 pm. Jurors are asked to check in by 4:00 p.m. There is no court on school holidays. Typically two cases are heard on each trial date. Jurors meet at the Tigard City Hall, 13125 S.W. Hall Blvd., Tigard, OR 97223.

### **Is there a minimum amount I can volunteer?**

When you come to a trial, we ask that you stay for both cases. Each juror is an important part of the whole jury. Your experience and opinion count! We also hope you'll stay with us for 3 months. Some jurors stay on for an entire year, or many years. Parents are not required but are welcome to stay during the court proceedings.

### **Who can be a juror?**

Jurors must be enrolled in school, ages 12–17, or a high school senior who is 18 years old. Jurors must complete and turn in a Peer Court application. Jurors from outside of Tigard are welcome to apply.

**Other Questions?** Contact Lauren Gysel  
Youth Services Program Specialist  
503-718-2578 (text not accepted at this phone)  
[Lauren.gysel@tigard-or.gov](mailto:Lauren.gysel@tigard-or.gov)

**CITY OF TIGARD, OREGON**  
**VOLUNTEER RELEASE OF LIABILITY**  
**ADULT VOLUNTEER (18 & OVER)**



I, \_\_\_\_\_, in consideration of the opportunity and permission to volunteer with the City of Tigard to perform the assigned service and the beneficial experience to be gained, do hereby fully and completely release the City of Tigard, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance for any injuries or illnesses that may occur as a result of my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this activity may be used for outreach, education or documentation purposes, without compensation, by the City of Tigard.

By my signature below, I verify that I am 18 years of age or older. I also understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the City of Tigard, its officials and employees from all liability resulting from my participation in this program.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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**COMPLETE FOR ALL VOLUNTEERS REGARDLESS OF AGE ~ PLEASE PRINT CLEARLY**

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Phones: \_\_\_\_\_

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**CHILD VOLUNTEER (UNDER 18)**

By my signature below, I verify that I am a **parent or legal guardian** of the participant and I hereby consent to his/her participation in the City of Tigard volunteer program. I also agree to indemnify, hold harmless and release the City of Tigard, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the above-named program. I acknowledge that any photograph or videotape taken of my child/ward participating in this activity may be used for outreach, education or documentation purpose, without compensation, by the City of Tigard.

Signature of Parent or Legal Guardian required if participant is under 18 years of age  
 \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_