CASS COUNTY YOUTH COURT

A COMMUNITY SOLUTION FOR AT-RISK YOUTH

YOUTH VOLUNTEER APPLICATION FORM

(Please use blue or black pen and print neatly.)

DEADLINE FOR SUBMISSION:
September 18, 2026 by 5pm

Name: _____ Date: _____

Date of Birth: _____ Current Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Youth Cell #: _____ Youth Email: _____

Parent / Guardian Name(s): _____

What school do you attend? _____

What activities are you involved with at school? _____

_____

_____

What activities are you involved with outside of school? (Church, community, etc.) _____

_____

_____

Do you work? _____ If so, where? _____

Work phone number: _____ Hours per week _____

Why are you interested in becoming a volunteer with Youth Court? _____

_____

_____

What qualities do you have that would make you a good Youth Court volunteer? _____

_____

_____

What do you hope to gain from being a volunteer with Youth Court? _____

_____

_____

SUBMISSION OPTIONS
MAIL: Cass County Juvenile Office, ATTN: Youth Court, 2501 W. Mechanic St, Suite 200, Harrisonville, MO 64701 SCAN AND EMAIL: CassCoYouthCourt@courts.mo.gov
FAX: (816) 380-8490
Submit from PDF: Click Submit form button on bottom of last page

YOUTH VOLUNTEER APPLICATION FORM, PAGE 2

Have you ever been referred to the Juvenile Office or charged with a crime? Yes ☐ No ☐

If yes, please explain: _____

_____

_____

_____

Have you ever been the victim of a crime? Yes ☐ No ☐ If yes, please explain: _____

_____

_____

_____

Please check which role(s) you would like to perform within Youth Court:

- ☐ Bailiff
- ☐ Greeting Clerk
- ☐ Defense Attorney
- ☐ Prosecuting Attorney
- ☐ Judge
- ☐ Court Clerk

When are you available to volunteer for Youth Court?

_____

_____

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

_____

_____

Please put your name on the RECOMMENDATION FORM and give to a current or immediately prior year teacher or counselor for completion. If you attend a home school, please have a coach, extracurricular activity leader, or employer complete the form. (Relatives are not accepted.)

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and belief. I understand information may be obtained by the Cass County Youth Court regarding my suitability for participation in the program and hereby authorize release of information, including confidential school or juvenile court records, for this limited purpose.

_____ _____

Applicant Signature Date

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PARENT / GUARDIAN CONSENT TO PARTICIPATE FORM

(Print neatly and complete in blue or black pen.)

Parent / Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary E-Mail: _____

Secondary E-Mail: _____

Primary Phone #: _____ Secondary Phone #: _____

Child's Name: _____ Relationship to Child: _____

_____ Initials — I hereby certify that I am the parent or legal guardian / custodian of the above-stated child and consent to my child's participation in the Cass County Youth Court.

_____ Initials — I understand my child will be required to complete mandatory training sessions and regularly attend the Youth Court sessions to be eligible for continued participation in the program.

_____ Initials — I understand the operational processes of the Cass County Youth Court require the program staff and adult volunteers to contact, or be contacted by, my child via telephone, email or in person at school or at the Youth Court location.

_____ Initials — I give permission to the Cass County Youth Court to use and distribute my own or child's image, voice, or likeness in promotional materials developed for and about the program, including use in newsletters, photographs, film, video, printed materials, audio recordings or other forms.

_____ Initials — I give my consent for necessary background information, including confidential school or juvenile court records, to be obtained by the Cass County Youth Court for the limited purpose of determining the eligibility of my child to serve as a volunteer in the Cass County Youth Court.

_____ Parent / Guardian Signature

_____ Date

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Seventeenth Judicial Circuit of Missouri
Office of the Juvenile Officer

Jenay C. Barker
CHIEF JUVENILE OFFICER

THE CASS COUNTY JUVENILE OFFICER PHOTO RELEASE FORM

I hereby grant the Cass County Juvenile Officer permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Cass County Juvenile Officer and will not be returned.

I hereby irrevocably authorize the Cass County Juvenile Officer to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Cass County Juvenile Officer all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/LEGAL GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

_____	_____	_____
Printed Name	Signature	Date

If under 18, BOTH PARENTS/LEGAL GUARDIANS MUST SIGN

_____	_____	_____
Printed Name (Parent/Guardian)	Signature	Date
_____	_____	_____
Printed Name (Parent/Guardian)	Signature	Date

Submit Form

Cass County Juvenile Center
2501 W. Mechanic, Suite 200
Harrisonville, Missouri 64701
Phone: (816) 380-8475
Facsimile: (816) 380-8490
Email: Cass.JO@courts.mo.gov

Johnson County Juvenile Center
101 W. Market, Suite 101
Warrensburg, Missouri 64093
Phone: (660) 422-7418
Facsimile: (660) 422-7422
Email: Johnson.JO@courts.mo.gov