



Gloria R. Hayward, Clerk of Courts, 215 E McCollum Ave, Bushnell, FL 33513

I WOULD LIKE TO BECOME A SUMTER COUNTY TEEN COURT VOLUNTEER

NAME _____ DATE: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP: _____

SCHOOL: _____ GRADE: _____ AGE: _____

BIRTHDATE: _____ PARENTS WORK PHONE: _____

HOME PHONE: _____, PARENTS CELL: _____ MY CELL: _____

WHAT DO YOU WANT TO DO? JUROR _____, CLERK _____, ATTORNEY _____, BAILIFF _____

Waiver: I, _____, parent/legal guardian of _____, do hereby agree that as a condition of my child's participation in Teen Court to hold the Teen Court Coordinator, Clerk of Circuit Court, County of Sumter, School Board of Sumter County, Fifth Judicial Circuit, State of Florida and their employees, agents and representatives, harmless from any and all liability and against any and all claims, of whatsoever nature and kind, whether it be for injury, loss or damage to persons, property or otherwise, arising out of or in connection with Teen Court. I hereby give my child permission to participate in Teen Court.

Signature of Parent or Legal Guardian

STATE OF FLORIDA
COUNTY OF SUMTER

**PARENT OR GUARDIAN MUST GET THIS SECTION NOTARIZED
OR SIGNED BY A DEPUTY CLERK.**

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 200____, BY THE ABOVE NAMED PERSON(S) _____ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID NOR DID NOT TAKE AN OATH.

NOTARY PUBLIC OR DEPUTY CLERK
MY COMMISSION NUMBER:
MY COMMISSION EXPIRES:

Please return this form to Teen Court

I AGREE THAT I WILL ARRANGE TRANSPORTATION TO PICK UP MY CHILD FROM TEEN COURT BY **7:30PM AND NO LATER.** X _____

Signature of Parent