

**VOLUNTEER APPLICATION**  
**MISSISSIPPI BAND of CHOCTAW INDIANS**

**Choctaw Tribal TEEN Court**

**Volunteer's Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  Vols. Cell Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Are you enrolled in the Choctaw Central Dormitory?

Volunteers Job Position: (please choose)  Attorney  Juror  Court Clerk  Bailiff

**Parent(s)/ Guardian(s) Information:**

Name(s): \_\_\_\_\_ and/or \_\_\_\_\_

Worksite & phone number: \_\_\_\_\_ and/or \_\_\_\_\_

Work email address: \_\_\_\_\_

Parent/Guardian's Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_, (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent/Guardian's email address: \_\_\_\_\_

**Permission/Disclaimer:**

Parent(s) please understand that the Choctaw Tribal TEEN Court operates under and "Open Door" policy. This is voluntary program, where members are allowed to participate or not as they please, but please understand that we will participate in several Leadership conferences throughout the year and the selection will be based upon the Volunteer's participation, behavior and academics while in the program. Supervision will be provided at all time during any and all Trainings, Court Sessions or Leadership Activities. As a volunteer of the Choctaw Tribal TEEN Court, the volunteer **must** also be a member, of the MBCI Boys & Girls Club, due to a partnership with the MBCI Boys & Girls Club but is not required to attend.

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ hereby agree and understand that my child may participate in the 2011 / 2012 Choctaw Tribal TEEN Court program. I authorize the Mississippi Band of Choctaw Indians Tribal Youth Court Personnel and the Diversion Coordinator to transport my child to and from any and all Choctaw Tribal TEEN Court sessions or trainings. I further agree to hold harmless the Mississippi Band of Choctaw Indians and the Choctaw Tribal TEEN Court for any incidents arising out of my child's involvement with the Choctaw Tribal TEEN Court.

On this the \_\_\_\_ day of \_\_\_\_\_, 2011/2012.

\_\_\_\_\_  
Volunteer

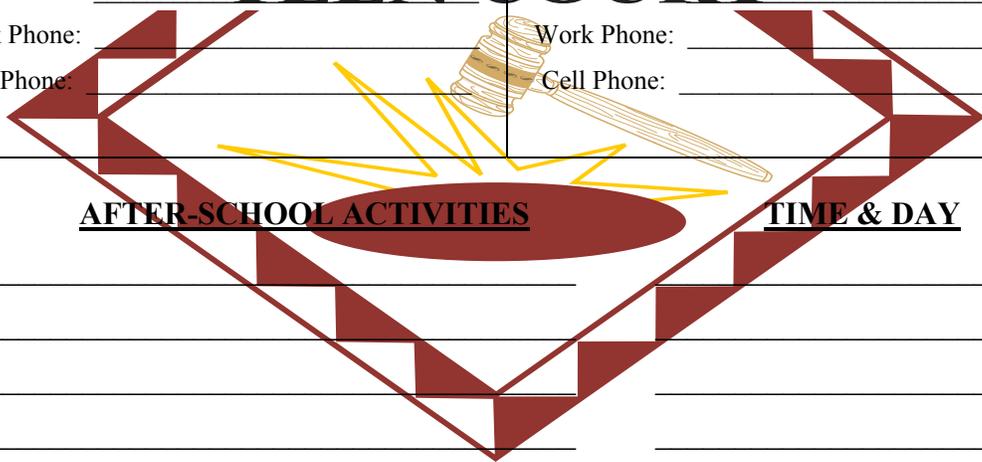
\_\_\_\_\_  
Parent/Guardian

**CONTACT INFORMATION**

<b>Parent/Guardian</b> <input type="checkbox"/> <b>Emergency</b> <input type="checkbox"/> Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____	<b>Parent/Guardian</b> <input type="checkbox"/> <b>Emergency</b> <input type="checkbox"/> Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
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**CHOCTAW TRIBAL  
TEEN COURT**



AFTER-SCHOOL ACTIVITIES

TIME & DAY


**ACADEMIC GRADES AND BEHAVIORAL CONDUCT RELEASE AUTHORIZATION**

I hereby give authorization for the Diversion Coordinator of Mississippi Band of Choctaw Indians Choctaw Tribal Courts Services to obtain school grades and/or behavior conduct information regarding my child.

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

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

**PHOTO/VIDEO RELEASE**

I hereby grant permission for images of my child, captured during any Choctaw Tribal TEEN Court Activities through video and/or photos, to be used solely for the purpose of promotional or instructional material and publications. I waive any/all rights of compensation or ownership thereto.

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

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

# MEMBERSHIP APPLICATION



BOYS & GIRLS CLUBS

OF

MISSISSIPPI BAND OF CHOCTAW INDIANS

## FOR OFFICE USE ONLY:

Rec'vd Date: \_\_\_\_\_

Membership#: \_\_\_\_\_

New  Renewal

Entered: \_\_\_\_\_

Initial: \_\_\_\_\_

Term:  SMR  SCHOOL

Receipt #: \_\_\_\_\_

4- Bok City

Date: \_\_\_\_\_ Unit:  1-Dormitory  2-Pearl River  3-Conehatta

### Member Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Identifying Features: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ HR Teacher: \_\_\_\_\_ Bus #: AM \_\_\_\_\_ PM \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Community: \_\_\_\_\_

### Do You Belong to:

Boy Scouts or Girl Scouts  School Club  Rec. League  YOP  Church Group

### Medical Information:

Health Facility/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious Health Problems:  Yes  No If yes please explain: \_\_\_\_\_

Please list All Allergies including Food: \_\_\_\_\_

Other Medical Info: \_\_\_\_\_

### The following information is Used for Statistical Purposes Only .

Member is living with:  Parent  Grandparent  Foster Parent If Foster Parent, please list caseworker: \_\_\_\_\_  
 Other: \_\_\_\_\_

Head of Household:  Male  Female  Single Parent

# of Brothers \_\_\_\_\_ Ages \_\_\_\_\_; Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Household Income:  \$0-12,000  \$12,001-24,000  \$24,001-36,000  \$36,001-48,000  \$48,001 +

### **Permission/Disclaimer: PARENTS PLEASE NOTE: BOYS & GIRLS CLUBS OPERATES UNDER AND "OPEN DOOR" POLICY. MEMBERS ARE ALLOWED TO COME AND GO AS THEY PLEASE. PROFESSIONAL SUPERVISION WILL BE PROVIDED TO CHILDREN INSIDE OUR FACILITY AND/OR DURING OUTSIDE ACTIVITIES PROVIDED BY BOYS & GIRLS STAFF**

I hereby release the Boys & Girls Clubs of Mississippi Band of Choctaw Indians, its' employees, associates, and contributors from liability for any injury to my son/daughter. My child may participate in activities or local field trips sponsored by the Boys & Girls Clubs of MBCI. Furthermore, I hereby authorize emergency medical treatment for my son/daughter in the event of an accident. I give permission for my child's picture to be used in any Boys & Girls Club publications. I also understand any fees paid to Boys & Girls Clubs of MBCI are non-refundable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BOYS & GIRLS CLUBS  
OF**

**MISSISSIPPI BAND OF CHOCTAW INDIANS**

**Contact Information:**

<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Name: _____ Relationship: _____ Phone: _____ Home Phone: _____ Work Phone: _____ Cell	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Name: _____ Relationship: _____ Phone: _____ Home Phone: _____ Work Phone: _____ Cell
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Name: _____ Relationship: _____ Phone: _____ Home Phone: _____ Work Phone: _____ Cell	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Name: _____ Relationship: _____ Phone: _____ Home Phone: _____ Work Phone: _____ Cell
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Name: _____ Relationship: _____ Phone: _____ Home Phone: _____ Work Phone: _____ Cell	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Name: _____ Relationship: _____ Phone: _____ Home Phone: _____ Work Phone: _____ Cell

**ACADEMIC GRADES RELEASE AUTHORIZATION**

I HEREBY GIVE AUTHORIZATION FOR THE STAFF OF BOYS & GIRLS CLUBS OF MISSISSIPPI BAND OF CHOCTAW INDIANS TO OBTAIN SCHOOL GRADES OF MY CHILD.

\_\_\_\_\_  
MEMBER NAME

\_\_\_\_\_  
PARENT SIGNATURE

ORIGINAL---ADMIN. OFFICE

COPY---UNIT

# Choctaw Tribal TEEN Court Behavioral Contract

Volunteer's Name: \_\_\_\_\_  
(Please Print)

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

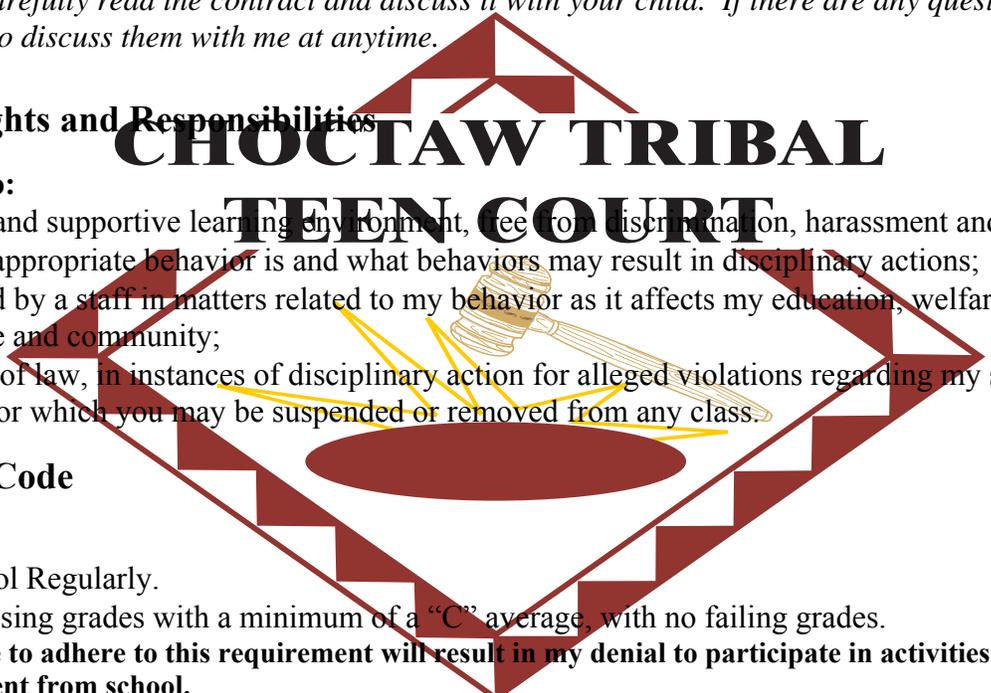
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*It is hereby decided by a panel of TEEN Court Youth that all Volunteers are required to sign a Behavioral Contract. The rules, requirements and responsibilities of the contract are quite simple. We feel that if we are put in a position to judge others that we must uphold the standards of our own behavior to a much higher level than those that we are judging. Failure to adhere to these rules, requirements and responsibilities will either result in the Volunteer's dismissal, 90 day suspension or termination from the Choctaw Tribal TEEN Court Program for the calendar year.*

*Please carefully read the contract and discuss it with your child. If there are any questions or concerns, please feel free to discuss them with me at anytime.*

## Student's Rights and Responsibilities

# CHOCTAW TRIBAL TEEN COURT



### I have a right to:

- Be in a safe and supportive learning environment, free from discrimination, harassment and bigotry;
- Know what appropriate behavior is and what behaviors may result in disciplinary actions;
- Be counseled by a staff in matters related to my behavior as it affects my education, welfare within the school, home and community;
- Due process of law, in instances of disciplinary action for alleged violations regarding my school regulations for which you may be suspended or removed from any class.

## Disciplinary Code

### I agree to:

- Attend School Regularly.
- Maintain passing grades with a minimum of a "C" average, with no failing grades.  
**Note: Failure to adhere to this requirement will result in my denial to participate in activities that may require that I be absent from school.**
- Present a copy of the youth's report card to the Diversion Coordinator in order to be selected to participate in our activities or leadership camps.
- Minimum to NO Tardies at school! Appear for each of my classes at the start time, ready to begin work;
- Be respectful to others.
- Share information with school officials that might affect the health, safety or welfare of the school community;
- Be respectful, without arguing or causing disruptions and cooperate with a faculty or staff member when given directions or requests.
- You will be given an opportunity to voice your concerns at an appropriate time and place if you do not agree with the faculty or staff members request;
- Take responsibility for my personal belongings and respect other people's property;
- Dress appropriately and do not wear any suggestive clothing including skinny tank-tops, midriffs, short-shorts, or mini-skirts during court sessions;
- **That I will not be allowed to participate in the proceedings if there are visible body marks, tattoos or passion marks.**

- Refrain from using and/or possessing illegal drugs, controlled substances, tobacco products, alcohol and weapons;  
**Note: Failure to adhere to this requirement will result in my dismissal from the TEEN Court program for the entire school year.**
- Resolve conflicts peacefully, while avoiding altercations or fights;  
**NOTE: Failure to adhere to this requirement will first result in a 90 day suspension from the program and future incidents may result in you dismissal or termination from the Choctaw Tribal TEEN Court Program.**
- Understand that you will be given an opportunity to voice your concerns or reasons for your actions at an appropriate time before any dismissals or suspensions take place;
- Refrain from use of cell phone, I POD or any other personal possessions that are disruptive during Choctaw Tribal TEEN Court meetings and/or sessions;
- No Gum chewing, food, drinks inside the courtroom;
- Keep my parents/guardians informed about school or TEEN Court related matters and make sure I give them any information sent home;
- Understand that TEEN Court is based solely on confidentiality and that I will not discuss anything about any particular Defendant, facts, testimony or sentencing of a case with anyone before, during or after the Court hearing.  
**NOTE: Failure to adhere to this requirement will result in a 90 day suspension in the program.**
- Conduct yourself responsibly as described in the Bill of Student Rights and Responsibilities.
- Follow all rules in the Discipline Code.

# CHOCTAW TRIBAL TEEN COURT

I have signed and received a copy of the *Bill of Student Rights and Responsibilities* and *Discipline Code*. I understand this contract and agree to follow the rules of behavior.

Volunteers Name: \_\_\_\_\_  
 Volunteers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Section

I have read and my child will comply with the *Bill of Student Rights, Responsibilities* and *the Disciplinary Code*. I fully understand that my child must exhibit appropriate behavior which is required for participating in the Choctaw Tribal TEEN Court program.

## I agree to help my child follow this agreement by:

- Encouraging my child to be a respectful and peaceful member of the school and/or community.
- Discussing the contents of the Disciplinary Code, the Bill of Student Rights and Responsibilities with my child.
- Participating in any discussions and decisions concerning my child's education.
- Alerting the Diversion Coordinator if there are any significant changes in my child's health or well-being that affects his/her ability to perform in school and/or the Choctaw Tribal TEEN Court.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print)

Parent/Guardian Signature: \_\_\_\_\_