



West Millard Youth Court

Delta High School Library

10 W 300 N, Delta, Ut 84624

Youth Volunteer Application Form

Name _____, Age _____, Date of Birth _____.

Address _____.

City _____, State _____, Zip _____.

Home Phone: _____, Cell Phone _____.

Parent/Guardian Name _____.

How did you hear about/become interested in West Millard Youth Court?

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

- Lead Judge
- Judge
- Court Clerk
- Youth Offender's Advocate
- Victim's Advocate
- Bailiff
- Court Council



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Requirements for participation in West Millard Youth Court:

1. Attendance at court sessions.

The court will meet twice a month, on the first and third Tuesday's, after school in the Delta High School Library. Court will begin at 3:00 PM and last up to one hour. If you are unable to make it to a court session, please let the adult coordinator (Mr. Christensen) know beforehand.

2. Follow professional norms (behavior and dress) and sign a confidentiality agreement.

Each member of the youth court will be given a white quarter-zip with the West Millard Youth Court logo on it. You must wear this to court. Professional courtroom behavior will be required. We will be trained by courtroom professionals who will go over the proper behavior and language of a courtroom. You will also be required to sign a confidentiality agreement to not talk about the court proceedings outside of the courtroom.

Thank you for your interest in serving on the West Millard Youth Court. It will be a great learning experience and one that you could use on future applications/resumes. We will be trained by Millard County Attorneys on how to conduct court proceedings. It will be a professional atmosphere with many adult professionals present at each meeting to help give trainings and guidance.

If you can meet these requirements and are interested in serving on the West Millard Youth Court, please sign below. Your parent/guardian must also sign below.

Signature of Youth Volunteer: _____ Date: _____.

Signature of Parent/Guardian: _____ Date: _____.