Volunteers for Youth Justice

900 Jordan Street
Shreveport, LA 71101
(318) 425-4413
Fax 318-227-0208
www.vyjla.org

TEEN COURT
MEMBERSHIP APPLICATION
2025 -2026

(Please print and return application to Kimberly Brown at kimberly.brown@vyjla.org).

_____ _____
Last Name First Name Home Phone Number

_____ _____
Mailing Address Date of Birth Age Sex

_____ _____
City State ZIP School Grade

E-mail Address:_____ Cell # _____

_____ _____
Parent(s) or Guardian Name(s) Parent(s) Phone Number

I am interested in serving as a Teen Court volunteer:
(Please check one or more)

_____Bailiff _____Clerk _____Juror _____Defense Atty. _____Prosecuting Atty.

_____Master Juror

How did you hear about Teen Court? _____

Have you served in Teen Court before? _____In what capacity?_____

Hobbies/Extracurricular Activities/Interests _____

_____