



# Angelina “Angel” Colonneso

Clerk of the Circuit Court & Comptroller of Manatee County

1115 Manatee Avenue West, Bradenton, Florida 34205 • Phone (941) 749-1800 • Fax (941) 741-4082  
Mailing Address P.O. Box 25400, Bradenton, Florida 34205 • Website [www.ManateeClerk.com](http://www.ManateeClerk.com)

## Teen Court/Teen Court Too Volunteer Form

Yes! I want to be a Teen Court/Teen Court Too volunteer!

I am interested in volunteering as \_\_\_Attorney \_\_\_Clerk \_\_\_Juror \_\_\_Bailiff

Name: \_\_\_\_\_ Age \_\_\_\_\_

Complete Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Youth's Email: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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

I want to become involved in the Teen Court program because:

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Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give my son/daughter permission to participate in Teen Court/Teen Court Too

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*To Protect the Public Trust through Integrity and Transparency*

Clerk of the Circuit Court • Clerk of the Board of County Commissioners • County Comptroller • County Auditor • County Recorder



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## Model Release for Use of Photographs/Video

We, the undersigned, do hereby acknowledge, authorize, and give consent to the Manatee County Clerk of the Circuit Court the following:

To use, reproduce, and/or publish photographs and/or videos, including audio recording, in connection with the Teen Court & Teen Court Too Program that contain my image, likeness, and voice without any consideration, compensation, or other remuneration for any and all purposes, including but not limited to publications, collages, advertising/marketing, brochures, social media, website content and other related endeavors in a manner that the Teen Court & Teen Court Too Program and Manatee Clerk of the Circuit Court deems appropriate. We waive any right to inspect or approve said photographs, videos, audio recordings, any captions or copy that may be used in connection with them or to approve the use to which said material is applied.

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Youth’s Printed Name

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Date

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Signature

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Parent/Guardian Printed Name

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Date

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Signature

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Signature of Deputy Clerk as Witness/Date

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