TALKING TO YOUR TOWN

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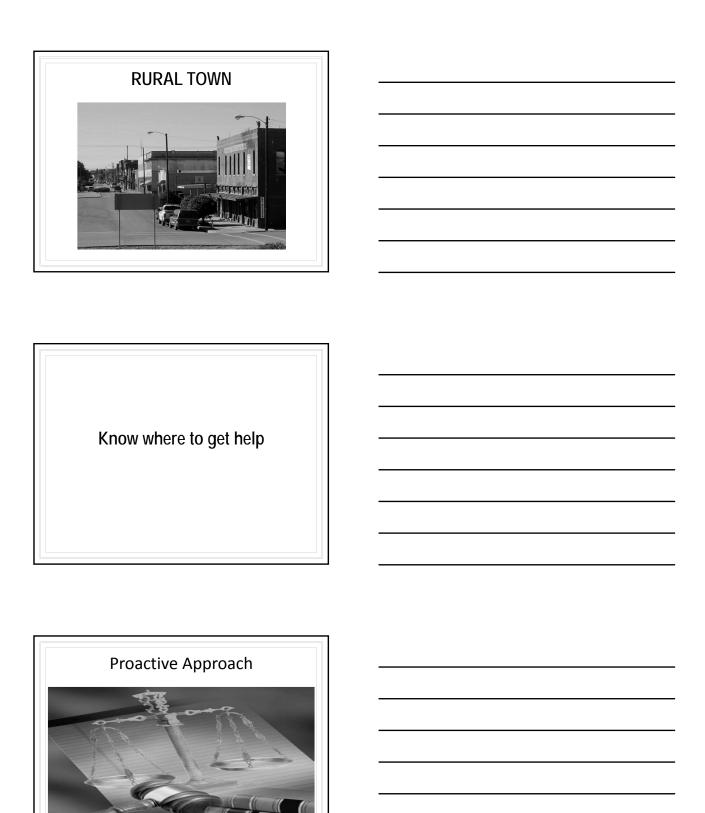
Stella Mata Juvenile Case Manager City of Forest Hill



By the end of the session, participants will be able to:

List the benefits of proactive outreach for municipal judges and court personnel

Identify available Driving on the Right Side of the Road (DRSR) resources; and Explain ways to expand their court's outreach program. **DALLAS**



Community outreach serves two basic purposes: 1. To provide information 2. Provide available services	
Outreach comes in different forms to serve different purposes.	
For community outreach to be successful, you must ensure that key figures in the community know what you offer.	

For example, if your organization provides services to at-risk youth, meet with school principals, school counselors and other area youth-serving agencies to let them know how you can help them.



TMCEC website Driving on the Right Side of the Road resources

Traffic Safety Games







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	Explain how to expand your Outreach program	
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	Determine your target audience	
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	Determine the "how" to reach out.	

There are many ways to reach out to your target area, and often one way does not fit all.	
No matter what type of communication you choose, continuous follow-up is required.	
The most important way to expand your Outreach program is Relationship building, Relationship building, Relationship building.	

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As you expand your outreach program, other areas will surface.	
program, other areas will surface.	
	7
Remember you are constantly re-	
evaluating your Outreach plan to	
meet the needs of your community.	-
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Canon 4	
Conducting the Judge's Extra-Judicial Activities to Minimize the Risk of Conflict with Judicial	
Obligations A. Extra-Judicial Activities in General.	
A judge <i>SHALL</i> conduct all of the judge's extra-judicial activities so that they do not:	
(1) cast reasonable doubt on the judge's capacity to act impartially as a judge; or	
(2) interfere with the proper performance of judicial duties.	

Canon 4 B. Activities to Improve the Law A judge MAY:

- (1) speak, write, lecture, teach and participate in extra-judicial activities concerning the law, the legal system, the administration of justice and non-legal subjects, subject to the requirements of this Code.
- (2) serve as a member, officer or director of an organization or governmental agency devoted to the improvement of the law, the legal system or the administration of justice.... He or she may make recommendations to public and private fund-granting agencies on projects and programs concerning the law, the legal system and the administration of justice.

TALK TO YOUR TOWN



websites: www.drsr.info www.texasIre.org www.tmcec.com

Outline to start your own Outreach Program

Step #1: Determine the Objectives of your Outreach

Sample: Commissioner Precinct One – Our Mission was to reach out to the Community. Introduce them to their County Commissioner, and educate them about County Government.

Step #2: Determine the Target Audiences

This area took a little longer to identify. It was important to know the exact area of outreach. Precinct One includes six cities. So the first identifier included the cities in Tarrant County Precinct One.

Second identifier broke down the entities within those areas, i.e. City Councils, School Districts, Chamber of Commerce's, Neighborhood Associations, etc. Third identifier included identifying the individuals within those areas.

Step #3: Determine the "How" to reach out.

There are many ways to reach out to your target area, and often one way does not fit all. No matter what type of communication you choose, continuous follow-up is required. Various ways include:

- 1. Attending Meetings
- 2. E-Mails
- 3. Social Media
 - a. Facebook
 - b. Tweeting
 - c. Websites

Step #4: Relationship Building, Relationship Building, Relationship Building. (PROBABLY THE MOST IMPORTANT STEP)

Step #5: As you expand your outreach, other areas of need will surface. You are constantly re-evaluating your Outreach Plan to meet the needs of your community.



Forest Hill Law Enforcement Explorer Post #175 Forest Hill Police Department



Membership Application & Personal History Statement

Return To: Forest Hill Police Department

3336 Horton Rd.

Forest Hill, TX. 76119

817-531-5250

Attention: Ofc. W. Glock #346

Senior Advisor

Read Carefully and Follow The Directions

Please complete all the requested information contained in this packet. Answer all questions honestly and to the best of your ability. If a question does not apply to you, write N/A, do not leave the question blank. This packet must be completed legibly in black ink. Failure to follow these directions properly could result in delayed or denied admission to the exploring program. Forest Hill Law Enforcement Explorer Post #175 does not discriminate on the basis of race, sex, religious preference, or national origin.





Section 1- To Be Completed By The Explorer Applicant

Date:			
Name:			
(Last)	(First)		(Middle)
Date of Birth:	Age:	_ Sex: Male	Female
Place Of Birth- City:	State:		
Social Security #:	-		
Driver's License #:	State:	Exp I	Date:
Identification #:	State:	Exp Da	nte:
Height: Weight: Ha	ir Color: Ey	ve Color:	
Primary Address:			
Primary Address:		Zip Code:	
Primary Address: Street Address:		Zip Code:	
Primary Address: Street Address: City: Star		Zip Code:	
Primary Address: Street Address: City: Star Home Telephone # ()	te:	Zip Code:	
Primary Address: Street Address: City: State Home Telephone # () Other Alternative Telephone #'s:	te:	Zip Code:	
Primary Address: Street Address: City: Home Telephone # () Other Alternative Telephone #'s:	te:	Zip Code:	
Primary Address: Street Address: City: Star Home Telephone # () Other Alternative Telephone #'s: ()	te:		
Primary Address: Street Address: City: State Home Telephone # () Other Alternative Telephone #'s: () ()	te:		

Secondary Address:		
Street Address:		
City:	State:	Zip Code:
Why is this used as a second	lary address?	
Residency:		
How long have you lived in		th metropolitan area?
List the previous cities, state		ere you have lived:
Educational:		
Are you enrolled in public o	or private school? Ye	es No
Are you enrolled in college, institution? Yes No		other type of secondary learning
List your present school, colinstitution with the address a	-	r other type of secondary learning er:
,		
Grade or Classification:		xpected Graduation Date:
•		

List all extra curr	icular activities that you currently participate in such as clubs, sports,
	schools attended since middle school with the address and telephone (Attach an extra sheet of paper if necessary)
List any courses	of study or classes relating to law enforcement or criminal justice:
Employment:	
-	v employed? Yes No
	employer: (If not currently employed, list your last employer)
rereprione Numc	per:
Position:	Name of Supervisor:

Hours of employment:
Is this employment fulltime or part time?
Personal Declarations:
Have you ever received a citation from a law enforcement agency? YesNo If yes, explain with the exact date, agency, charge, and disposition:
Have you ever been in trouble with a law enforcement agency? YesNo If yes, explain with the exact date, agency, and nature of the trouble:
Have you ever been arrested or detained by a law enforcement agency as a witness, suspect, etc. Yes No If yes, explain with the exact date, agency, and details.
Have you ever been summoned into court as a defendant, plantiff, witness, etc? Yes No If yes, explain with the exact date, court name, case disposition, and details of the case.
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Make:	Model:	Year:
Color:	License Plate Number	er:
	tomobile insurance? Yes Nequired information.	No
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Name of Incura	nce Company:	1
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3.)	
Medical Information	on: n may assist in completing)
Blood Type:	Glasses or Contacts (Y/N) list:
Allergies (Y/N) lis	st:
Do you currently h	nave, have a history of, or ever had any of the listed symptoms below? ot be disqualified due to medical history unless ordered to do so by the
Asthma (Y/N) Ca	ncer (Y/N) Convulsions (Y/N) Diabetes (Y/N) Heart Trouble (Y/N)
High Blood Pressu	ure (Y/N) Seizures (Y/N)
Any other sympton	m, disease, or condition not described above (Y/N)
If yes was answere	ed to any question above, specify all known information:
,	

List your medical doctor's intemergency:	formation and hospital of choice in the event of an
Doctor's Name:	Telephone Number:
Doctor's Address:	
Health Insurance Carrier Nan	ne:
Health Insurance Carrier Tele	phone Number:
	cy Number:
Health Insurance Carrier Poli	cy Number:acted in the event of an emergency, include name, address
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Health Insurance Carrier Poli List who you want to be conticlephone number, and their r 1.) 2.) 3.)	cy Number: acted in the event of an emergency, include name, address relationship to you:

Why do you want to be a	a member of the law	enforcement explo	orer program?	
Explain:				
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What do you want to lea	arn from the law enf	forcement explorer	orogram?	
Explain:	•			
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Section 2- To Be Completed By The Mother/ Guardian

Date:			
Name:	- Authorities Authorities (and the control of the c		
Are you the mother or a legal guardian	?		
Date of Birth:	Age:	-	
Social Security #	-		
Drivers License #	Sta	te:	
Identification Card #		State:	
Primary Address:			
Street Address:			
City:State:		Zip	Code:
Home Telephone # ()			
Other Alternative Telephone #'s			·
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Email:	Deile	W/1-1	
How often do you check your email?	Dany	weekly	Annost Never
Street Address:			
City: State: Why is this used as a secondary addres			
<u>Residency:</u>			
How long have you lived in the Dallas/	Fort Worth met	ropolitan area?	
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<u>Personal Declarat</u>	ions:			
Has the applicant of If yes, explain with				No

Has the applicant e witness, suspect, e details.				
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ensure in the second control of the second c			 	
Yes No details of the case.	If yes, explain wi			

Section 3- To Be Completed By The Father/ Guardian

Date:	
Name:	
Are you the father or a legal guardian?	
Date of Birth: Age	•
Social Security #	
Drivers License #	State:
Identification Card #	State:
Primary Address:	
Street Address:	
City:State:	Zip Code:
Home Telephone # ()	
Other Alternative Telephone #'s	
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Email: How often do you check your email?	Daily Weekly Almost Never
Secondary Address:	
Street Address:	
City: State:	Zip Code:
Why is this used as a secondary address?	
Residency:	
How long have you lived in the Dallas/Fort	Worth metropolitan area?
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