

VOLUNTEER APPLICATION

State Attorney Ninth Judicial Circuit of Florida

Date:

Last Name:

First Name:

Address:

City:

State & Zip:

Race/Ethnicity:

SS No.:

DOB:

Home Phone:

Other Phone:

Email Address:

Have you volunteered with us before? Yes No If Yes – When?

Driver License Number:

How did you learn of our organization:

List any special skills and/or training (language, counseling experience, mediation, etc.):

Have you ever been the victim of a crime? If yes, please explain:

Employment Information:

Current Occupation:

Employer:

Specific Duties and Responsibilities:

Past Employment:

Name of Company:

Specific Duties and Responsibilities:

Present and Prior Volunteer Experience:

Education Level: High School College Other

Are you currently enrolled as a student? Yes No If yes, see below:

| | |
|---------|----------------------|
| School: | Major Area of Study: |
|---------|----------------------|

Schedule:

When are you available to begin volunteering?

Please indicate when you are available for assignments and what hours:

| | | | | |
|--------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | |

What are your areas of interest?

Organizations to which you belong (civic, religious, fraternity, business):

Please list 3 personal or professional contacts:

| Name | Contact Phone | E-Mail |
|------|---------------|--------|
| | | |
| | | |
| | | |

Have you ever been arrested or charged with a crime? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, please explain in detail below:

I HEREBY CERTIFY that all statements made on this application are true, correct and complete to the best of my knowledge. I give the State Attorney's Office the right to investigate all information contained in this application and to secure additional information about me, if related to my volunteer position. I hereby release from liability the State Attorney's Office and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Also, as a condition of volunteering, I hereby authorize the Office of the State Attorney to request the Florida Department of Law Enforcement to conduct a background check. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may be grounds for termination of volunteer services. Additionally, I understand that I must disclose to the State Attorney's Office any future arrests and/or convictions or adjudications of guilt withheld which may occur during my tenure with the Office, and that failure to do so may result in dismissal.

I understand that by saving and submitting this application electronically, I am subject to State of Florida disclosure law and my e-mail address is subject to publication in a request for public records. If you do not want your e-mail to be part of our public records disclosure, please print the application and mail or fax it to our office. In addition, by submitting electronically, you waive a formal signature and agree that all statements made are true and authorize by electronic signature the Office of the State Attorney to conduct a background check.

Volunteer Signature

Date: