

**VOLUNTEER APPLICATION**  
**Office of State Attorney, 14th Judicial Circuit**

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

Last Name: _____	First Name: (MI) _____
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Address: \_\_\_\_\_

City: _____	State and Zip: _____
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Social Security Number: _____	Date of Birth: _____
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Home Phone: _____	Other Phone: _____
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E-mail 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: _____
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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: _____
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**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 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 maybe 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 also 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**