

# STATE ATTORNEY

Fourth Judicial Circuit of Florida  
Ed Austin Building  
311 West Monroe Street  
Jacksonville, Florida 32202-4242  
Tel: (904) 255-2500  
Fax: (904) 255-2942

## VOLUNTEER APPLICATION

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

Confidential

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ How long in Jacksonville: \_\_\_\_\_

Email Address: \_\_\_\_\_

Volunteer Position Desired: \_\_\_\_\_

Have you ever been employed or volunteered with us in the past? [ ] Yes [ ] No

If so, month and year: \_\_\_\_\_

When will you be available to begin volunteering: \_\_\_\_\_

When are you available for assignments: \_\_\_\_\_ Week days \_\_\_\_\_ Week nights

Are you willing to schedule a block of time? [ ] Yes [ ] No

How many sessions would you be able to attend on a monthly basis? \_\_\_\_\_

Have you ever been arrested or convicted of a crime? [ ] Yes [ ] No

Have you ever been placed on probation? [ ] Yes [ ] No

If yes to either, please describe in full: \_\_\_\_\_

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

How did you learn of our organization? \_\_\_\_\_

### EMPLOYMENT INFORMATION:

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date employed: \_\_\_\_\_ What position do you hold? \_\_\_\_\_

Specific duties and responsibilities: \_\_\_\_\_

### Past Employment:

1. Name of Company: \_\_\_\_\_ Position: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Specific duties and responsibilities: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Specific duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Specific duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

PRESENT AND PRIOR VOLUNTEER EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organizations to which you belong (Fraternity, Civic, Religious, Business): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 also result in dismissal.

I understand that all volunteers of the State Attorney's Office are volunteers at-will. Both the volunteer and the State Attorney's Office have the right to terminate service at any time for any reason.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

SEND YOUR COMPLETED APPLICATION TO:

State Attorney's Office  
Human Resources  
311 West Monroe Street  
Jacksonville, Florida 32202