

**OFFICE OF THE STATE ATTORNEY  
NINEENTH JUDICIAL CIRCUIT**

**VOLUNTEER/INTERNSHIP APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

HOME ADDRESS (LOCAL): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**EDUCATION:**

School Attended	Years Attended	Type of Degree	Major or Area of Specialization	Graduation Date

**PLEASE LIST YOUR VOLUNTEER OR WORK HISTORY:**

Organization	Dates	Supervisor Name & Contact Number	Duties

PLEASE TELL US ABOUT YOUR INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM:  
(PLEASE CHECK ALL THAT APPLY)

\_\_\_\_\_ JUROR \_\_\_\_\_ WITNESS \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ INTERN \_\_\_\_\_ OTHER (PLEASE LIST)

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## BACKGROUND INFORMATION

**PLEASE NOTE: All volunteers and interns will undergo a thorough background check before they are placed with our agency. All background information through this investigation will be disclosed.**

**Please include all information that pertains to questions 1- 7. Information should include arrest history, criminal court file sealing, expungement, petition, no petition, nolle prosequi , no information and any other court or case information.**

NOTE: A “YES” answer to these questions will not automatically bar you from being a volunteer or intern. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE EXPLAIN:**

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Where convicted? \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

2. HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE EXPLAIN:**

Charges? \_\_\_\_\_

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Where? \_\_\_\_\_

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

3. HAVE YOU OR ANYONE CLOSE TO YOU (SIGNIFICANT OTHER, FAMILY MEMBER OR CLOSE FRIEND) BEEN INVOLVED IN THE CRIMINAL JUSTICE SYSTEM? \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE EXPLAIN:**

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4. HAVE YOU EVER BEEN FINGERPRINTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE EXPLAIN:**

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5. HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE EXPLAIN:**

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6. HAVE YOU EVER RECEIVED A CITATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE EXPLAIN:**

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7. HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE EXPLAIN:**

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HAVE YOU OR ANYONE CLOSE TO YOU (SIGNIFICANT OTHER, FAMILY MEMBER OR CLOSE FRIEND) BEEN A VICTIM? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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PLEASE CHECK THE COUNTY OFFICE YOU ARE INTERESTED IN WORKING:

\_\_\_\_\_ ST. LUCIE \_\_\_\_\_ MARTIN \_\_\_\_\_ INDIAN RIVER \_\_\_\_\_ OKEECHOBEE

\_\_\_\_\_ NO PREFERENCE

PLEASE SPECIFY DAYS AND NUMBER OF HOURS PER WEEK YOU WILL BE AVAILABLE:

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PLEASE LIST COMPUTER SKILLS/KNOWLEDGE: \_\_\_\_\_

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DO YOU SPEAK A FOREIGN LANGUAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE LIST \_\_\_\_\_

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WILL YOU BE RECEIVING SCHOOL CREDIT FOR YOUR VOLUNTEER SERVICE? \_\_\_\_\_ YES

\_\_\_\_\_ NO

PLEASE LIST YOUR GOALS IN PERFORMING YOUR VOLUNTEER SERVICE OR INTERNSHIP WITH OUR AGENCY?

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All prospective volunteers of the State Attorney's Office shall undergo an appropriate level of security screening. This shall be done through self-disclosure on the volunteer application and/or through the background screening conducted by the SAO Investigations Division.

In order to conduct Security Checks the Personnel Division shall collect personal information including social security numbers, in order to meet the statutory requirements. These personal identifiers, including social security numbers, are released to the Florida Department of Law Enforcement and the Federal Bureau of Investigation in order to complete state and national security checks.

The collection, use, or release of your social security number is a business necessity for the performance of the duties and responsibilities of the State Attorney's Office and is authorized or mandatory under federal or state law.

**CERTIFICATION:** I hereby certify that all the statements made by me in this application are true, correct and complete to the best of my knowledge. I also give full permission for the Office of the State Attorney to make any inquires into my present and past personal and business status as may be deemed necessary in the interest of the department and my appointment therein.

\*If returning via e-mail, by printing your name you are certifying to the above.

\_\_\_\_\_  
STUDENT/VOLUNTEER \_\_\_\_\_  
Date

STUDENT/INTERN: \_\_\_\_\_ SCHOOL \_\_\_\_\_

SCHOOL CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Please return to: Attn: Tracy Amandro  
411 SOUTH SECOND STREET FORT PIERCE, FL 34950  
**OFFICE NUMBER** (772) 462-6830 **FAX** (772) 462-6822  
**E-MAIL:** [Tamandro@sao19.org](mailto:Tamandro@sao19.org)

**VOLUNTEER APPLICATION ADDENDUM**

**Full Name** \_\_\_\_\_

**Other names used including maiden name:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Present Address:**

\_\_\_\_\_  
(Complete Street Address)      (Apt. No.)

\_\_\_\_\_  
(City)                              (State)                              (Zip Code)                              (How long?)

**Please list any other states and/or counties in which you resided (include dates):**

State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

County \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

County \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**If applicable, please complete the following:**

Husband's, Wife's or Significant Other's Full Name:

\_\_\_\_\_  
Employer \_\_\_\_\_

Father's Full Name:

\_\_\_\_\_  
Employer \_\_\_\_\_

Mother's Full Name:

\_\_\_\_\_  
Employer \_\_\_\_\_