**OFFICE OF THE STATE ATTORNEY**
**NINETEENTH 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<br>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)

_____

## 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 FINGERPRINTED? _____YES _____NO

**IF YES, PLEASE EXPLAIN:**

_____
_____

**2.** HAVE YOU EVERY BEEN ARRESTED? _____YES _____NO

**IF YES, PLEASE EXPLAIN:**

_____
_____

**3.** HAVE YOU EVER RECEIVED A CITATION? _____YES _____NO

**IF YES, PLEASE EXPLAIN:**

_____
_____

**4.** HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? _____YES _____NO

**IF YES, PLEASE EXPLAIN:**

_____
_____

Where was the conviction?
_____

Date of Conviction:
_____

**5.** HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME THAT IS A FELONY OR A MISDEMEANOR? _____YES _____NO

**IF YES, PLEASE EXPLAIN:**
What were the Charges? _____

Where(City,State)_____
Date:_____

**6.** 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:**
_____
_____

**7.** HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME THAT IS A FELONY OR A MISDEMEANOR? _____YES _____NO

**IF YES, PLEASE EXPLAIN:**
_____
_____

**8.** HAVE **YOU** OR **ANYONE CLOSE TO YOU** (SIGNIFICANT OTHER, FAMILY MEMBER OR CLOSE FRIEND) BEEN A VICTIM? _____YES ____NO

**IF YES, PLEASE EXPLAIN:**
_____
_____

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:
_____
_____
_____
_____

PLEASE LIST COMPUTER SKILLS/KNOWLEDGE:

_____
_____

DO YOU SPEAK A FOREIGN LANGUAGE? _____ YES _____NO

IF YES, PLEASE LIST_____

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?

_____
_____
_____
_____
_____

PLEASE LIST ADDITIONAL INFORMATION:

_____
_____
_____
_____

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 inquiries 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: _____SCHOOL_____
SCHOOL CONTACT: _____
PHONE NUMBER: _____

**Please return to:**

Alicia Rockwell
Victim Services
Volunteer Coordinator
411 S. 2nd Street
Fort Pierce, FL 34950
**OFFICE NUMBER:** (772) 462-1315
**FAX** (772) 462-6822
**E-MAIL: ARockwell@sao19.org**

# VOLUNTEER APPLICATION ADDENDUM

**Full Name**_____
**Other names used including maiden name:**
_____
**Place of Birth:** _____**Male** _____ **Female** _____
**Current Address:**
_____
(Complete Street Address) (Apt. No.)
_____
(City) (State) (Zip Code)

How long have you lived at your current address?
_____

**Please list any other states; counties and/or countries' in which you resided (include dates):**
State _____ from _____ to _____
State _____ from _____ to _____
County _____ from _____ to _____
Country _____ from _____to _____

**If applicable, please complete the following:**
Husband, Wife or Significant Other's Full Name:
_____Employer_____
Father's Full Name:
_____Employer_____
Mother's Full Name:
_____Employer_____