

**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 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 FINGERPRINTED? \_\_\_\_YES \_\_\_\_NO

**IF YES, PLEASE EXPLAIN:**

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2. HAVE YOU EVERY BEEN ARRESTED? \_\_\_\_YES \_\_\_\_NO

**IF YES, PLEASE EXPLAIN:**

What was the reason for the arrest? \_\_\_\_\_

What county and state did this occur? \_\_\_\_\_

What was the date? \_\_\_\_\_

3. HAVE YOU EVER RECEIVED A CITATION? \_\_\_\_YES \_\_\_\_NO

**IF YES, PLEASE EXPLAIN:**

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4. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? \_\_\_\_YES  
\_\_\_\_NO

**IF YES, PLEASE EXPLAIN:**

What was the charge? \_\_\_\_\_

What county and state were you convicted? \_\_\_\_\_

What was the 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 was the charge? \_\_\_\_\_

What county and state did this occur? \_\_\_\_\_

What was the date? \_\_\_\_\_

6. 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:**

What was the charge? \_\_\_\_\_

What county and state did this occur? \_\_\_\_\_

What was the date? \_\_\_\_\_

7. 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: Please list their involvement in the criminal justice system.** \_\_\_\_\_

**If this was a criminal case please provide the following information:**

**Name:** \_\_\_\_\_ **What is their relationship to you?** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Arrest:** \_\_\_\_\_

**Criminal Charge:** \_\_\_\_\_ **County & State:** \_\_\_\_\_

**Disposition of the case:** \_\_\_\_\_

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 include date, county and state):**

\_\_\_\_\_

\_\_\_\_\_

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:

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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?

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PLEASE LIST ADDITIONAL INFORMATION:

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**SOCIAL MEDIA**

Social media (including but not limited to personal and professional websites, blogs, chat rooms and bulletin boards; social networks, such as Facebook, LinkedIn, Instagram and Twitter; video sharing sites such as YouTube) are a common means of communication and self-expression. Because social media postings can conflict with the interests of the State Attorney's office, all applicants will be required to list their social media accounts and user names.

List all Social Media Accounts and Usernames you currently use or have used in the past:

**Social Media Account**

**User Name**

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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 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:**

Rebecca Baum  
Intern & Volunteer Coordinator  
411 S. 2<sup>nd</sup> Street  
Fort Pierce, FL 34950  
**OFFICE NUMBER:** (772) 462-1341  
**FAX** 772-462-6822  
**E-MAIL:** [Rbaum@sao19.org](mailto:Rbaum@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** \_\_\_\_\_