

STATE ATTORNEY

Fourth Judicial Circuit of Florida
Duval County Courthouse
Jacksonville, Florida 32202-2982
Tel: (904) 630-2400
Fax: (904) 630-1848

VOLUNTEER APPLICATION

Date: _____

Confidential

Name: _____
(Last) (First) (Middle)

Address: _____ Zip Code: _____

Telephone: (H) _____ (W) _____ (Cell) _____

DOB: _____ Age: _____ Race: _____ Sex: _____ How long in Jacksonville: _____

SS#: _____ 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 convicted of a crime? Yes No

On Probation? Yes No

If yes, 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.

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
Attn: Melissa Conger
220 East Bay Street
Jacksonville, Florida 32202