

FIFTEENTH JUDICIAL CIRCUIT VOLUNTEER APPLICATION

The Fifteenth Judicial Circuit ("Circuit") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity or expression, marital or familial status, veteran status, genetic information or other protected status. The Circuit is committed to the fair and equal employment of individuals with disabilities. If you have a disability that may require a reasonable accommodation to participate in the application process, please contact the Circuit's ADA Coordinator at 561-355-4380 to ensure availability of appropriate accommodations.

Instructions: Answer all questions accurately and completely. Print N/A in any space that does not apply to you. Incomplete applications will not be considered.

I. Personal Information

Name: □ Mr. □ Ms. □ Mrs. □ Dr. □		Volunteer Position/Location:		
Last First	MI	Date:		
D f 14811				
Preferred Nickname:				
Current Address:				
Apt. #	City	State	Zip	
Previous Address:				
Apt. #	City	State	Zip	
Home Phone:	Cell Phone:	Email Address:		
Are you at least 18 years	s of age? □ Yes □ No	Social Security Number:		
,		•		
Have you been employe	ed or volunteered by any Cou	rts in the State of Florida?		□ Yes
If yes, where and when?				□ No

1. Have you e	ver been conv	victed of a felony or a first de	egree misdemeanor?		□ Yes
2 Have you e	ver pled Nolo	Contendere or pled Guilty to	o a crime which is a f	felony or	□ Yes
1	•		o a crime winch is a i	lelony of	
a first degree	misaemeanor	r.			□ No
3. Have you e	ver had the ac	djudication of guilt withheld	for a crime which is	a felony or	□ Yes
a first degree	misdemeanor	·?			□ No
	If you answered YES to any of the above three questions, please state date, type of crime, place of occurrence, disposition and penalty imposed:				
Note: Convic	tion of a crime	e will not necessarily disqual	ify you from voluntee	ering. Each conviction will be re	eviewed
	bo	ased on its own merit with re	espect to time and jo	b relatedness.	
		II. Education	& Military Service		
School Level	Name and	d Location of School	Did you graduate	Degree/certification rece	eived
High School					
College					
Other					
		III Worl	k Evnerience		
	III. Work Experience Please begin with the most recent				
		-			
I am: □ Employed □ Not Employed □ Retired □ Student					
		Most Recent Employer	Previous Emp	loyer Previous Emplo	yer
Company Nan					
Company Nan	ne:				
Company Phone Number:					
Company Address:					
Start Date and End Date:					
Start Date and Life Date.					

May we contact your supervisor?		
Supervisor Name and Title:		
Summarize job duties:		
Reason(s) for leaving:		
If you were terminated or asked to resign, please explain:		
asked to resign, please	N. Bassissa Va	

IV. Previous Volunteer Experience

Please begin with the most recent. Attach additional sheet(s) of paper if necessary $\dot{}$

	Most Recent	Previous	Previous
Company Name:			
Company Phone Number:			
Company Address:			
Dates volunteered:			
Position/Supervisor:			

May we contact your supervisor?				
Duties:				
Reason(s) for leaving:				
V. References List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors				
Name	Title/Company	Relationship to you	Phone Number	Years known
1.				
2.				
3.				
	VI. Job Skills a	nd Qualifications		
Summarize any special training, skills, licenses and/or certificates that you hold.				
Why do you wish to volunteer with the Fifteenth Judicial Circuit?				
What type of work do you wish to do?				

What days and hours would you be a	available?			
Please read carefully – Volunteer Applicant Acknowledgement and Authorization				
As a volunteer with the Fifteenth Judicial Circuit, I am aware that any misrepresentations may disqualify me for consideration as a Voluntee may be investigated as allowed by law. I consent to the release of inf Fifteenth Judicial Circuit Volunteer by employers, schools, law enforce organization investigators, personnel staff, and other authorized em I certify that to the best of my knowledge and belief all of the attachments are true, correct, complete, and made in good faith.	r. I understand that any information I give formation about my ability and fitness as a ement agencies, and other individuals and aployees of the Florida State government.			
I understand that I will not be paid for my services as a volunteer.				
Signature	Date			

Please send completed form to: CAD-Recruiting@pbcgov.org, with the subject: Volunteer Application.