



THE
15TH JUDICIAL CIRCUIT
 OF FLORIDA

**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: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Last First MI </div> Preferred Name/Nickname: _____	Today's Date _____
Volunteer Position/Location: _____	
Current Address: <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Street Apt. # </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> City State Zip </div>	
Previous Address: <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Street Apt. # </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> City State Zip </div> N/A <input type="checkbox"/>	

Home Phone: () _____ Cell Phone: () _____ Email: _____	
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed or volunteered by any Courts in the State of Florida? If yes, where and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Have you ever been convicted of a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever pled Nolo Contendere or pled Guilty to a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<i>Note: Conviction of a crime will not necessarily disqualify you from volunteering. Each conviction will be reviewed based on its own merit with respect to time and job relatedness.</i>	

II. Education & Military Service

School Level	Name and Location of School	Did you graduate	Degree/certification received
High School			
College			
Other			

III. Work Experience

Please begin with the most recent

I am: Employed Not Employed Retired Student

	Most Recent Employer	Previous Employer	Previous Employer
Company Name:			
Company Phone Number:			
Company Address:			

Start Date and End 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:			

IV. Previous Volunteer Experience

Please begin with the most recent. Attach additional sheet(s) of paper if necessary

	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 and 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 available?

Please read carefully – Volunteer Applicant Acknowledgement and Authorization

As a volunteer with the Fifteenth Judicial Circuit, I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for consideration as a Volunteer. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness as a Fifteenth Judicial Circuit Volunteer by employers, schools, law enforcement agencies, and other individuals and organization investigators, personnel staff, and other authorized employees of the Florida State government. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

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.