CLERK OF THE CIRCUIT COURT VOLUSIA COUNTY, FLORIDA



Volunteer/Intern Application

| Name: | | |
|--|--------------------------|--------------------------------|
| Address: | | |
| City: | State: | Zip Code: |
| Home Phone #: | Cell Phone | #: |
| Driver's License #: | | State Issued: |
| E-Mail Address: | | |
| Are you legally authorized to work in the Unit | ted States? Yes | No |
| Have you ever received any traffic citations? | Yes No | |
| If yes, please provide details: | | |
| Have you ever been convicted, plead guilty, c | or no contest to a misde | meanor or a felony? 🔲 Yes 🔲 No |
| If yes, please provide details: | | |
| Emergency Contact Information: | | |
| Name: | Phone #: | _ |
| Employment/ Volunteer History: | | |
| Current/Last Employer: | | |
| Job Title: | Pho | one #: |
| Address: | | |
| Previous Employer: | | |
| Job Title: | Pho | one #: |
| Address: | | |
| Previous Employer: | | _ |
| Job Title: | Pho | one #: |
| Address: | | |

CL-0479-1108

| Education : | | | |
|--|------------------------------|----------------|--|
| Do you have a high scho | ool diploma or G.E.D.? 🔲 Yes | ☐ No | |
| Name of College/Univer | sity: | | |
| Degree Received: | | Date Received: | |
| <u>Professional Reference</u> : | | | |
| Name: | | Phone #: | |
| Personal Reference: | | | |
| Name: | | Phone #: | |
| <u>Days Available</u> : | Hours Available | : | |
| Monday Tuesday Wednesday Thursday Friday | | | |
| Certification & Release of Information: I understand that as part of the screening process, the Clerk of the Circuit Court will conduct a background | | | |
| check in an effort to determine my suitability to fill the volunteer/intern position for which I have applied. I understand that my volunteer/intern position with the Clerk of the Circuit Court will be contingent upon the results of the background check. I certify that all the information provided in this application is true and correct to the best of my knowledge. | | | |
| Signature: | | Date: | |
| | | | |
| For Office Use Only: Department Assigned: | | _ | |
| | | Start Date: | |
| CJIS Check Completed: DMV Check Completed: | | | |