



**Office of the State Attorney  
Eighteenth Judicial Circuit of Florida  
Brevard and Seminole Counties**

For Internal Office Use  
Received by:

SAO Employee \_\_\_\_\_

Date \_\_\_\_\_

**Law Student Extern Volunteer Application**

Intended for use by students seeking unpaid college credit clinical externship sponsorship

**\*Student Externs are asked to coordinate their application process through their college advisors. We request that your college advisor submit your application and include information detailing sponsorship requirements for consideration.**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of years of law school completed \_\_\_\_\_

Extern Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Law School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Advisor Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

**Externship Location Preferences**

Brevard County

Seminole County

**Area(s) of Interest**

Juvenile

Domestic Violence

Criminal Trial

Elder Law/Economic Crimes

**Duration of externship:** Total number of weeks \_\_\_\_\_ Total number of hours per week \_\_\_\_\_

Anticipated start date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month Day Year

**Briefly discuss your reasons for seeking to extern at the Office of the State Attorney.**

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA**

**Acknowledgement of understanding of the prerequisites, terms, and conditions of program participation**

Prerequisites for consideration as an Extern for the Office of the State Attorney include a formal acknowledgement to maintain confidentiality, acceptable background check results, and an oath of support of the Constitution of the United States and State of Florida. I hereby authorize the release of any information held by parties regarding my prior employment, criminal, credit, driving, and educational history as well as information regarding my general character and reputation. I release persons providing information from any liability for such information and understand that I have certain rights under the Fair Credit Reporting Act and further acknowledge the authority of the Office of the State Attorney to reject my application or terminate participation as an Intern at any time and for any reason.

Name (Please Print) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # \_\_\_\_\_

State Issued \_\_\_\_\_

Place of Birth City \_\_\_\_\_

State \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Name** \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Name** \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

I hereby certify that to the best of my knowledge, all information provided in this application is true and accurate.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

<i>Confirmation of Coordination with College Advisor of intent to do externship</i>	
Date _____/_____/_____	
College Advisor Name Printed _____	
College Advisor Signature _____	
<b>Email Address</b> _____	<b>Telephone # ( )</b> _____ - _____

**Please submit completed application for participation in the Office of the State Attorney's Law Student Extern Program by mail to:**

Office of the State Attorney  
Eighteenth Judicial Circuit  
Attention: Personnel  
2725 Judge Fran Jamieson Way, Building D  
Viera, FL 32940