



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

For Internal Office Use Received by: _____	
SAO Employee _____	Date _____

**Citizen Volunteer Application**

Providing Victims of Crime, Youth, and Community Service with an enduring  
Commitment to Justice

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

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

**Check Volunteer Location Preferences**

- |   |   |
|---|---|
| <input type="checkbox"/> Melbourne, Brevard County  | <input type="checkbox"/> Sanford, Seminole County           |
| <input type="checkbox"/> Titusville, Brevard County | <input type="checkbox"/> Sanford, Juvenile, Seminole County |
| <input type="checkbox"/> Viera, Brevard County      |   |

**Check Volunteer Area(s) of Interest**

- |   |   |
|---|---|
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Other          |   |

**Indicate hours and days during the week you would be available for volunteer service.**

Days \_\_\_\_\_ Hours \_\_\_\_\_

Available start date \_\_\_\_\_

**Briefly discuss your reasons for participating in the Office of the State Attorney's Volunteer Program.**

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

**PERSONAL DATA**

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

Prerequisites for consideration as a Volunteer 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 a Volunteer or 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

