

**VOLUNTEER PROGRAM
OFFICE OF THE STATE ATTORNEY
EIGHTH JUDICIAL CIRCUIT**

VOLUNTEER APPLICATION

Thank you for expressing an interest in volunteering at the Office of the State Attorney. Please assist us by completing the following:

Full Name _____ **Date of Birth** _____

Address _____ **Male** _____ **Female** _____

_____ **Employer** _____

Daytime Phone _____ **Cell Phone** _____

After 5:00p.m. Phone _____

Indicate any experience, course work or knowledge you currently have:

Do you have any experience as a volunteer? Where/When?

Do you prefer projects or specific assignments? _____

Why do you want to volunteer? _____

How did you learn about the volunteer program at the Office of the State Attorney?

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Volunteer Application

What is/are your expectation(s) as a volunteer with our office? _____

Are there any factors we should know that might make such a commitment difficult?

When are you available to work? Date/Hours? _____

I can commit _____ hours per week. I can commit these hours for a minimum of _____ month, beginning _____.

Have you ever been arrested for a criminal offense, other than minor traffic violations? Yes _____ No _____. If yes, please explain (give year and location of conviction). _____

Have you ever been arrested for an offense involving perjury or the giving of false statements? Yes _____ No _____. If yes, please explain _____

Signature of Volunteer

Date

VOLUNTEER SERVICES AGREEMENT

I _____ agree to provide _____ hours per week (as scheduled) of voluntary services to the Office of the State Attorney.

I accept the fact that my services shall be supervised by _____ Of the Office of the State Attorney.

I agree to keep all scheduled hours of training and services.

I agree to notify my supervisor as early as possible of times I cannot work.

If circumstances arise that may necessitate altering my schedule, I will discuss the situation with the supervisor.

I agree to perform faithfully the duties assigned to me to the best of my ability, to devote my full volunteered time to the transactions of the Office of the State Attorney's business, to make to supervisor prompt, complete and accurate reports of my work and to promptly remit to the Office of the State Attorney all money or goods collected by me or coming into my possession during the existence of my agreement.

I will do my best to uphold this Agreement as I understand that the operation depends on the reliability and cooperation of its volunteers.

Volunteer

Supervisor

Date

Volunteer Coordinator

**VOLUNTEER PROGRAM
OFFICE OF THE STATE ATTORNEY**

VOLUNTEER TIME SHEET

NAME: _____ **DIVISION:** _____

ADDRESS: _____ **SUPERVISOR:** _____

EFFECTIVE _____ **THROUGH** _____
DATE **DATE**

(please list below the dates and hours you worked this week)

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>TOTAL HOURS</u>

Exceptions and/or special notes: _____

SUPERVISOR'S SIGNATURE

CONFIDENTIALITY STATEMENT

Print full name: _____

- 1. I understand that the records and communications received by and in the course of this work are strictly confidential. I assume a primary obligation and responsibility to safeguard information within the Office of the State Attorney.**

- 2. In the event of my withdrawal from the volunteer program, I promise to keep confidential any and all sensitive information I have gained through my work.**

I have read and understand the above statements and agree to abide by the above stated policies and procedures.

Witness

Signature

Date

