

TO: KATHLEEN A. SMITH, PUBLIC DEFENDER

FROM: _____Volunteer

DATE:

This is to inform you that I desire to work with your agency on a "volunteer" basis with no expectation of any monetary or other compensation of any kind.

I ACKNOWLEDGE the importance of keeping confidential client information which I may learn of in connection with my work and certify that I will not discuss the information in violation of the attorney-client privilege.

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for volunteer/intern work in the Public Defender's Office. 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 for volunteer work by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida State government. I understand that volunteer/intern applications are public records. 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.

Signature: _____

Date: _____

I have advised this candidate of the importance of keeping confidential all client information which they may learn in connection with their work. I have also informed them that they cannot discuss the information as it is in violation of the attorney-client privilege.

Signature of Supervising Attorney
DATE

APPROVED:

KATHLEEN A. SMITH, PUBLIC DEFENDER

DATED _____