VOLUNTEER/INTERN REGISTRATION FOR PUBLIC DEFENDER, 20TH CIRCUIT

_____ _____ _____ _____
SSN **LAST NAME** **FIRST NAME** **MI**

_____
MAILING ADDRESS **APT NO** **CITY** **STATE** **ZIP**

_____ **U.S. CITIZEN** _____**YES** _____**NO**
HOME TELEPHONE NO

_____ **TIME AVAILABLE:** _____ _____
DATE OF BIRTH **HOURS** **DAYS**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR 1ST DEGREE MISDEMEANOR OR ENTERED A PLEA OF NOLO CONTENDERE? _____**YES** _____**NO**

IF YES, WHERE CONVICTED_____**DATE**_____

DO YOU SPEAK OR WRITE ANY LANGUAGE OTHER THAN ENGLISH? _____

IF YES, SPECIFY LANGUAGE AND DEGREE OF PROFICIENCY_____

_____

DO YOU HAVE A CAR?____**YES**_____**NO VALID DRIVERS' LICENSE**____**YES**___**NO**

LIABILITY INSURANCE____**YES**____**NO IF YOU USE YOUR PERSONAL AUTO IN VOLUNTEER/INTERN SERVICE, WILL YOU ARRANGE TO KEEP IN EFFECT AUTO LIABILITY INSURANCE EQUAL TO THE MINIMUM LIMIT REQUIRED BY FLORIDA STATE LAW? __YES** _____**NO**

GENERAL INFORMATION

EDUCATION DATA:

CIRCLE LAST YEAR COMPLETED: HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6
NAME OF COLLEGE_____**DEGREE ATTAINED**_____

PREVIOUS WORK OR OCCUPATION_____
EMERGENCY CONTACT:_____ **RELATIONSHIP:**_____

HOME:_____ **WORK/CELL (CIRCLE ONE):**_____

HEALTH INSURANCE POLICY:_____

DO YOU HAVE A CONTINUING MEDICAL PROBLEM? YES NO

IF SO, PLEASE DESCRIBE:_____

_____

NAME OF PHYSICIAN:_____

PHONE:_____

DO YOU TAKE MEDICINE ON A REGULAR BASIS? YES NO

IF SO, PLEASE LIST:_____

_____

ALLERGIES:_____

SIGNATURE:_____ **DATE:**_____