



Office of the Public Defender

Fourth Judicial Circuit of Florida

Serving Duval, Clay & Nassau Counties

Charlie Cofer
Public Defender

J. Owen Schmidt
Chief Assistant

VETERANS TREATMENT COURT VOLUNTEER VETERAN MENTOR APPLICATION

Thank you for your interest in supporting the Veterans Treatment Court. Volunteer services are an important aspect of this program. By completing and returning this form, you are indicating an interest in volunteering as a Veteran Mentor. To complete the application process, a criminal background check must be performed. We thank you for your support of our mission to Never Leave A Veteran Behind.

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

County of Residence:

Driver's License: Valid ☐ Not Valid ☐

Gender: Male ☐ Female ☐

Date of Birth:

Phone Number:

Email:

Military Service:

Service Branch:

Years of Service:

Highest Rank Achieved:

MOS:

Conflict Era:

Did you Serve in a combat zone? Yes ☐ No ☐

Type of Discharge:

Are you generally available as listed below to participate in court sessions? (check based on county of residence)

Duval County: Wednesday Weekly 08:30 Courtroom 212 Yes ☐ No ☐

Clay County: Thursdays Bi-Weekly 08:30 Courtroom 12 Yes ☐ No ☐

Nassau County: Fridays Bi-Weekly 14:30 Courtroom A Yes ☐ No ☐

What does being a Mentor mean to you?

What skills and experience do you bring to the mentoring program?

Signature:

Date:

Please send this completed form, along with a copy of your Florida ID to the Problem Solving Courts Division, Office of Public Defender, 407 North Laura Street, Jacksonville, Florida 32202; or email PSC@pd4.coj.net.



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SECURITY BACKGROUND/CRIMINAL RECORDS CHECK

I understand that in connection with my application for Employment, Internship, Volunteer Service, and/or Continuous employment, and/or Volunteer Services with the Public Defender's Office, Fourth Judicial Circuit, its agents or employees may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to Employment/Volunteer assignments, and is not conducted for any purpose other than in connection with my Application for Employment, Volunteer status and/or my eligibility for Continued Employment/Volunteer Duties.

I have read this Pre-Employment and Continued Employment / Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment / volunteer duties. I hereby release any and all Investigators, including any and all employees of **The Public Defender's Office, Fourth Judicial Circuit**, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such information to Investigators in connection with this background check.

Full Name		Maiden Name	
Current Address			
Previous Address			
Driver's License Number		Place of Birth	
Social Security Number	Date of Birth	Ethnicity	Gender

Signature: _____



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VOLUNTEER INFORMATION FORM

Thank you for participating in the Volunteer Program of the Public Defender's Office, 4th Judicial Circuit. In order to assist you in tracking your volunteer participation, we will be collecting information concerning your hours and volunteer experiences which will be stored in our personnel database. Please complete all sections of this form as thoroughly as possible and please feel free to contact Human Resources if you have any questions.

Name:		Date
Home Address:		
Home Telephone:	Work Telephone:	Mobile Telephone:
Email Address:		Birthdate:
Social Security Number	Sex	Ethnicity
Emergency Contact:		Relationship:
Emergency Contact Phone: (Home, Work, Cell)		
School:		Anticipated Graduation Date:
Course of Study:		
Supervising Professor's Name:	Telephone:	Email:
Assignment (Division):		Office Location (Duval, Clay, Nassau)
In House Supervisor:		
Beginning Internship Date:		Ending Internship Date:

**OFFICE OF THE PUBLIC DEFENDER
FOURTH JUDICIAL CIRCUIT OF FLORIDA**

CONFIDENTIALITY AGREEMENT

I understand and agree that all information obtained during the course of my employment or work as an intern or volunteer that relates to a public defender client, whether obtained from the client or from any other source, is confidential. I further understand that I may not disclose any such information to anyone not employed by the Office of the Public Defender for the Fourth Judicial Circuit of Florida, and that a violation of this confidentiality will result in my immediate dismissal.

I understand and agree that I am not to casually discuss information obtained during my employment or work as an intern or volunteer that relates to a public defender client, whether obtained from the client or from any other source. I will faithfully record the information I am assigned to gather within the scope of my employment, and I will provide that information only to those within the Office of the Public defender for the Fourth Judicial Circuit of Florida who have been designated as authorized recipients by my supervisors.

Print or type name: _____

Signature: _____

Date: _____



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Permission to Use Photograph

I grant The Office of the Public Defender, its representatives and employees the right to take photographs of me and my property in connection with activities related to the Office of the Public Defender.

I authorize the Office of the Public Defender, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Office of the Public Defender may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature

Date

Print name

Signature, parent or guardian (if under age 18)

I wish to decline having my photograph taken or published by the Office of the Public Defender. I understand that it will be my responsibility to remove myself from photographic opportunities and/or notify the photographer that my picture is not to be utilized in any media releases.

I have read and understand the above:

Signature

Date

Printed name

Signature, parent or guardian (if under age 18)