



STATE OF CONNECTICUT
JUDICIAL VOLUNTEER/INTERN PROGRAM
APPLICATION FOR VOLUNTEER SERVICE

AVAILABILITY
DAYS
HOURS/WEEK

VOLUNTEER APPLICATION JD-AP-8, Rev. 8-14
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PERSONAL INFORMATION

NAME	Email Address:
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HOME ADDRESS (Street)	(City)	(State)	(Zip Code)	TELEPHONE NO. ()
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DATE OF BIRTH	PLACE OF BIRTH (List City & State)	NAME OF EMERGENCY CONTACT	PHONE NUMBER OF EMERGENCY CONTACT ()
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PLEASE LIST ANY LANGUAGES YOU SPEAK FLUENTLY:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:	DO YOU HAVE ANY CASES PENDING IN CT OR ANY OTHER STATE? <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:
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EDUCATION	INDICATE YEAR COMPLETED, TYPE OF TRAINING AND DEGREE AREA IF APPLICABLE.					
	<input type="checkbox"/> JUNIOR HIGH	<input type="checkbox"/> SENIOR HIGH	<input type="checkbox"/> VOCATIONAL	<input type="checkbox"/> TRAINING	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> POST GRADUATE

EMPLOYMENT	PLEASE COMPLETE THE CHART BELOW, LISTING PRESENT OR MOST RECENT EMPLOYMENT FIRST.		
	DATES	NAME OF ORGANIZATION	POSITION HELD

CHARACTER REFERENCES	NAME	NAME
	STREET ADDRESS	STREET ADDRESS
	CITY, STATE ZIP CODE	CITY, STATE ZIP CODE
	TELEPHONE NUMBER ()	TELEPHONE NUMBER ()

BACKGROUND INFORMATION

I authorize the Judicial Branch to conduct a verification of education records, criminal history records, and previous employment and to contact personal references. I hereby authorize persons, schools, former employers and other organizations to release to the Judicial Branch information that may be requested. I agree to discharge the Judicial Branch and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release.

APPLICANT'S SIGNATURE	DATE SIGNED
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INTERVIEWER	OFFICE	DATE
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Please return the form to: Judicial Branch-External Affairs Division- Volunteer/Intern Program
Two Riverview Square 99 East River Drive, Room 701 East Hartford, CT 06108