

St. Johns County Clerk of the Circuit Court and Comptroller Teen Court Volunteer Application

A separate application must be submitted for each job you apply for. Copies are acceptable.



Equal Opportunity Employer
Veterans Preference Employer

Where to find Vacancy Information:

- ♦ On the Internet at:
<https://stjohnsclerk.com/>
- ♦ St. Johns County Clerk of Circuit Court & Comptroller 4010 Lewis Speedway
St. Augustine, Florida 32084

Application is valid for 45 days

POSITION APPLIED FOR (MUST BE COMPLETED)

Date of Application: _____

Position Applied For: _____

Date You Are Available for Employment: _____

Where did you learn of this vacancy? _____

INSTRUCTIONS

- ♦ Complete this application in its entirety. Type or print in black or blue ink.
- (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)**
- ♦ Submit your application in person to:
ST. JOHNS COUNTY CLERK OF THE CIRCUIT COURT & COMPTROLLER
- ♦ Submit your application by email to:
cochumanresources@stjohnsclerk.com
- ♦ Submit your application by facsimile to: (904) 819-3665
- ♦ Sign your name in the Certification Section on page 4. All information you submit is subject to verification.
- ♦ Notify Human Resources at (904) 819-3605 directly and in advance if, due to a disability, you require special accommodations to participate further in the employment process.

HOW DO WE CONTACT YOU?

First/Last Name

Your Home Address

City County State Zip Code

Your Mailing Address (if different from above)

Home or Cell Phone

E-Mail Address:

First/Last Name of Parent or Guardian:

Parent or Guardian Phone Number:

EDUCATION - Indicate Highest Grade Completed.

<u>4th Grade</u>	<u>5th Grade</u>	<u>6th Grade</u>	<u>7th Grade</u>	<u>8th Grade</u>	<u>9th Grade</u>	<u>10th Grade</u>	<u>11th Grade</u>	<u>12th Grade</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Name:

GPA (if applicable):

Previous School (if applicable):

AGENCY-WIDE QUESTIONS

1. What after-school activities or organizations are you a member of?

FIRST AND LAST NAME

2. Why do you want to become a Teen Court Volunteer?
3. What are your plans after high school?
4. If you are 14 years old or older, what areas of Teen Court are you interested in? (If you are not 14 years old or older, please select the last option.) Prosecuting Attorney Defense Attorney Court Clerk Juror Court Bailiff Not Applicable
5. If you are 13 years old or older, what areas of Teen Court are you interested in? (If you are not 13 years old, please select the last option.) Court Clerk Juror Court Bailiff Not Applicable
6. 10. If you are 12 years old or younger, which area of Teen Court are you interested in? (If you are older than 12 years old, please select the last option.) Juror Court Bailiff Not Applicable

Parent/Guardian Acknowledgment

I consent to my child participating in St. Johns County Teen Court as a volunteer. I understand participation may include being exposed to the facts and circumstances for misdemeanor charges and non-violent felony offenses.

Parent or Guardian Signature: _____

Date: _____