



SUPREME COURT OF THE UNITED STATES VIRGIN ISLANDS

United in Pride and Hope

JUDICIAL VOLUNTEER/INTERN PROGRAM
APPLICATION FOR VOLUNTEER SERVICE

PERSONAL INFORMATION

Form fields for personal information including First Name, Middle Name, Last Name, Social Security Number, Date of Birth, Place of Birth, Home Address, Mailing Address, Tele. No., Home, Mobile, and Emergency Contact Information.

PLEASE LIST ANY LANGUAGES YOU SPEAK FLUENTLY:

Form fields for criminal history: HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___ IF YES, PLEASE EXPLAIN: and DO YOU HAVE ANY CASES PENDING IN THE VI OR ANY OTHER STATE? YES ___ NO ___ IF YES, PLEASE EXPLAIN:

Table for education levels: JUNIOR HIGH, SENIOR HIGH, VOCATIONAL/ TRAINING, COLLEGE, POST GRADUATE. Includes instruction: (EDUCATION) Please indicate the year completed and the type of training and/or degree area if applicable.

Table for employment history. Includes instruction: (EMPLOYMENT) Please complete employment information below, listing your most recent employment first. Please provide the dates, names of organization and the positions held. Please use an extra page if necessary.

(AREAS OF INTEREST) Please indicate how you would like to spend your time in a volunteer placement.

(AVAILABILITY) Please provide information regarding your availability for volunteering with the Supreme Court. Weeks: Hours: Days:

(CHARACTER REFERENCES) Please provide the name and contact information for individuals who may provide a reference on your behalf. Includes fields for Name, Tel: Number, Fax Number, and Mailing Address for three references.

BACKGROUND AUTHORIZATION I authorize the Supreme Court of the Virgin Islands 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 Supreme Court of the Virgin Islands information that may be requested. I agree to discharge the Supreme Court of the Virgin Islands and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release.

Signature and Date fields: APPLICANT'S SIGNATURE, DATE, INTERVIEWER, OFFICE

Please return the form to the Human Resources Division

St. Thomas: P.O. Box 590 - St. Thomas, VI 00804 | Main: 340.774.2237 - Fax: 340.774.2258
St. Croix: P.O. Box 336 - Frederiksted, VI 00841 | Main: 340.778.0641 - Fax: 340.772.0004