

**DENVER DISTRICT ATTORNEY'S OFFICE
INTERN/VOLUNTEER APPLICATION**

OFFICE USE ONLY

LOCATION _____ DATE STARTED _____
SUPERVISOR _____ DATE TERMINATED _____
VOLUNTEER DUTIES _____ REASON FOR TERMINATION _____

PLEASE PRINT:

NAME: _____ DATE: _____

OTHER NAMES YOU HAVE USED:

ADDRESS: _____
(STREET) (CITY) (ZIP CODE)

PHONE #: _____ DATE OF BIRTH: _____

PLACE OF BIRTH:
FORMER STATES OF RESIDENCY:
SOCIAL SECURITY NUMBER:
DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE:

PREVIOUS EMPLOYMENT: PLEASE INCLUDE CURRENT RESUME

Have you been fired or asked to resign from any job in the last five years? ___ Yes ___ No
If yes, please explain in employment record.
Start with your present or last job. Include military service assignments and volunteer activities.

1. Employer: _____ Dates Employed: _____
Address: _____
Work Performed: _____
Job Title: _____
Supervisor: _____
Phone No. (include area code) _____
Reason for leaving: _____

2. Employer: _____ Dates Employed: _____
Address: _____
Work Performed: _____
Job Title: _____
Supervisor: _____
Phone No. (include area code) _____
Reason for leaving: _____

Highest Grade Completed:

Currently Attending: _____ Graduation:

Specialized Training, Education or Skills:

Do you speak, read, or write any foreign language?

Have you ever been a victim of a crime? If yes, please explain:

Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please explain:

Are you willing to give the City and County of Denver time commitment of six to twelve months?

() yes () no

What is most important to you in a volunteer position?

Are there particular interests or skills you would like to develop or learn more about?

Type of volunteer work desired:

Indicate day(s) and time(s) you would be available to volunteer:

MON TUES WED THUR FRI

Morning

Afternoon

Evening

List three references of people whom we may contact:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

(Name) (Address) (Phone)

In case of emergency, please notify:

List any other information you feel would be pertinent about your volunteer experience:

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Denver District Attorney’s Office, along with the law enforcement departments, to conduct whatever background search that may be deemed appropriate. This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Denver District Attorney’s Office.

I fully understand the information you collect may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release the Denver District Attorney’s Office from the liability and damage which may result from the exchange of requested information between law enforcement departments and the Denver District Attorney’s Office.

Applicant’s Signature

Date

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Records Check By: _____ Record is: _____ Clear _____ Not Clear

If not clear indicate reason:

Date Record was checked: _____

References Checked By:

Date:

Application Sent to the following units:

UNIT	STAFF MEMBER	DATE SENT	DATE RETURNED
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CONTACT LOG:

DATE:

RESULT:

MAIL IN ENCLOSED ENVELOPE OR FAX APPLICATION TO:

DA Fax # (720) 913-9243

ATTN: Kim Dechant