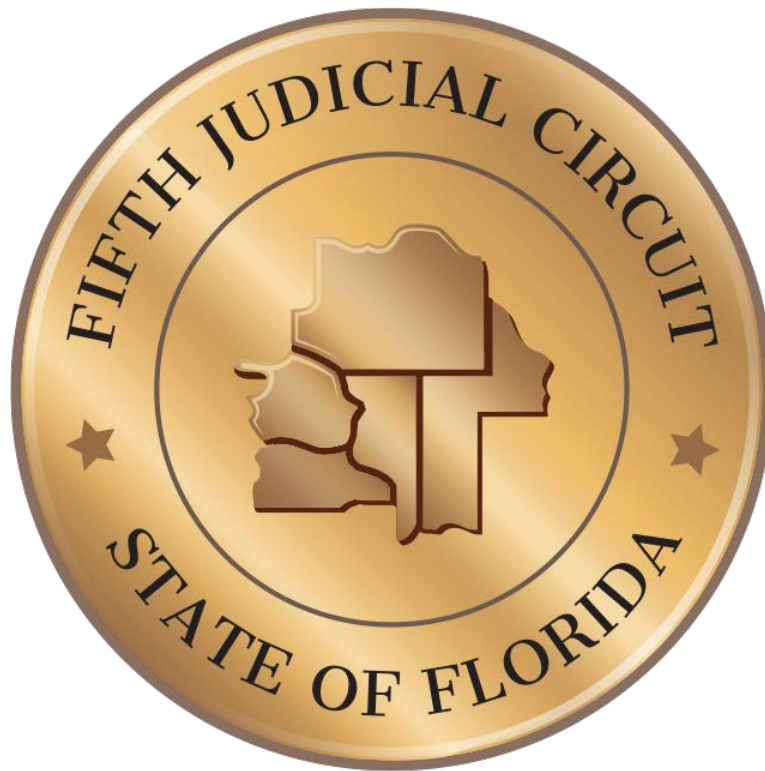


**FIFTH JUDICIAL CIRCUIT OF FLORIDA
INTERPRETER MENTORSHIP
PROGRAM**



FIFTH JUDICIAL CIRCUIT OF FLORIDA INTERNSHIP/EXTERNSHIP/VOLUNTEER APPLICATION



**INSTRUCTIONS: ANSWER ALL QUESTIONS
ACCURATELY, USING DARK INK OR TYPEWRITER.
PLEASE PRINT CLEARLY.**

DATE _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Home) (Work) (Cellular)

EMAIL ADDRESS _____

DATE OF BIRTH _____
(Month) (Day) (Year)

EDUCATION:

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

HIGH SCHOOL _____ GED _____

COLLEGE OR UNIVERSITY _____

DEGREES ATTAINED _____

ARE YOU A CITIZEN OF THE UNITED STATES?

YES _____

NO _____

IF ALIEN, CHECK WHICH TYPE OF WORK AUTHORIZATION YOU HAVE:

____ ALIEN REGISTRATION FORM 1-151

____ REFUGEE STATUS FORM 1-94

IF NATURALIZED, RECORD THE NUMBER OF ONE OF THE FOLLOWING FORMS OF IDENTIFICATION:

NATURALIZATION CERTIFICATE # _____

U.S. PASSPORT # _____

VOTER'S REGISTRATION # _____

(Note: Certificates listed here must be presented when filing this application, along with current Florida Driver's License.)

UNITED STATES MILITARY SERVICE:

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY?

YES _____/

NO _____/

IF YES, LIST TYPE OF DISCHARGE: ____ HONORABLE ____ GENERAL ____ OTHER

IF "OTHER", PLEASE EXPLAIN: _____

ACTIVE DUTY DATES: FROM _____ TO _____

OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES:

TYPE _____ NUMBER _____

DATE OBTAINED _____ RENEWAL DATE _____

IF ONE IS PENDING:

TYPE _____ DATE TO BE RECEIVED _____

DRIVER'S LICENSE:

DRIVER'S LICENSE # _____ STATE _____
DATE ISSUED _____ EXPIRATION _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?

Yes _____ No _____

IF "YES", EXPLAIN _____

CRIMINAL HISTORY:

ANSWERING YES TO ANY OF THE FOLLOWING QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM AN INTERNSHIP. EACH CASE IS CONSIDERED INDIVIDUALLY. YOU MAY USE ADDITIONAL SPACE ON THE REVERSE OF THIS APPLICATION TO COMPLETE YOUR EXPLANATIONS.

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

_____ YES _____ NO

IF YES, PLEASE LIST ANY OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, OR ANY CHARGE AGAINST YOU CURRENTLY:

OFFENSE _____ DATE _____

COUNTY _____ STATE _____

OFFENSE _____ DATE _____

COUNTY _____ STATE _____

OFFENSE _____ DATE _____

COUNTY _____ STATE _____

TO THE BEST OF YOUR KNOWLEDGE ARE YOU OR ANY OF YOUR FAMILY MEMBERS NOW INVOLVED AS A PARTY, A WITNESS, OR THROUGH ANY OTHER CONNECTION WITH ANY SUIT OR LITIGATION BEFORE ANY COURTS OF THE FIFTH JUDICIAL CIRCUIT?

___ YES ___ NO

IF YES, PLEASE EXPLAIN:

MENTORSHIP/ OBSERVATION AGREEMENT

1. The Fifth Judicial Circuit of Florida (hereinafter “Court Administration and/or the Judicial Branch”) agrees to offer _____ (print name) a mentorship opportunity in the Fifth Judicial Circuit which is composed of the following counties:

(Initial all that are applicable)

_____ <small>Initial</small> : Citrus County	_____ <small>Initial</small> : Hernando County	_____ <small>Initial</small> : Lake County.
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_____ <small>Initial</small> : Sumter County	_____ <small>Initial</small> : Marion County
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INTERPRETR MENTEE INFORMATION:

Initial: SIGN LANGUAGE: candidates seeking inclusion on the Sign Language Registry of Interpreters for the Deaf (RID) require eight (8) to sixteen (16) mentoring hours.

Initial: SPOKEN LANGUAGE: candidates seeking inclusion on the Registry of Court Interpreters require twenty (20) hours of courtroom observations.

2. Candidate understands that they are not employees of Court Administration and/or the Judicial Branch and are not eligible to receive any compensation or benefits.
3. Candidate understands that they must submit to a Level II Background Screening prior to beginning their Mentorship/Internship/Observations. Candidate may be denied Mentorship/Internship/Observation opportunities based on the results of the Screening in the Fifth Judicial Circuit’s sole discretion.
4. **Candidate understands that they are not entitled to employment upon completion of observation/mediation hours.**
5. Candidate understands that any work to be done under approved agreement is for the sole purpose of enhancing the Candidate’s educational experience and is for the sole benefit of the Candidate.

- 6.** Candidate understands that observation and co-mediations will not benefit Court Administration and/or the Judicial Branch at the time of their performance.
- 7.** Candidate understands that any materials created by the Candidate under this agreement are the sole property of the Candidate and offer no benefit to Court Administration and/or the Judicial Branch.
- 8.** Candidate understands that this internship will begin on the date this form is executed by the General Counsel for the Fifth Judicial Circuit and will end one year from the date of the General Counsel's execution of the form. Court Administration and/or the Judicial Branch reserves the right to terminate this agreement at any time.
- 9.** Candidate supervision will be directed by the court interpreting supervisor or his designee.
- 10.** Candidate understands that the tasks performed are part of a planned scheduled program of educational work and that absence from work necessitates re-planning and rescheduling of the educational work expected of that Candidate. Therefore, in case of sickness or other emergency that necessitates the Candidate's absence, Court Administration and/or the Judicial Branch shall be notified by telephone as early as possible.
- 11.** Candidate understands, agrees, and has been provided a signed copy of the "Confidentiality Agreement."

THE REMAINDER OF THIS PAGE IS BLANK

I have read, discussed, understand, agree and attest to the veracity of the information contained in this intake form.

Candidate for the Fifth Judicial Circuit, _____,

[Print Intern Name]

on this _____ day of _____, 202__.

[Candidate Signature or typed name]

Candidate for the Fifth Judicial Circuit

ALL OF THE ABOVE INFORMATION HAS BEEN DISCUSSED, ACCEPTED, AND VERIFIED BY:

Supervising Court Interpreter (or designee) Signature Date

Printed Name of Supervising Court Interpreter (or designee)

PROVIDE THE FOLLOWING DOCUMENTS:

- APPLICATION
- MENTORSHIP AGREEMENT
- CONFIDENTIALITY AGREEMENT
- FINGERPRINT AUTHORIZATION

EMAIL APPLICATION PACKET AND QUESTIONS TO:

[Court interpreting department@circuit5.org](mailto:Court_interpreting_department@circuit5.org)

Fifth Judicial Circuit

EMPLOYMENT BACKGROUND CHECK USE ONLY
REQUEST FOR FINGERPRINTING SERVICES

NAME:

--	--	--

Last

First

Middle

ALIAS NAME(S):

--	--	--

Nickname and/or Maiden Name(s)

PERSONAL INFORMATION:

--	--	--

Social Security Number

Date of Birth

State of Birth

CITIZENSHIP:

REASON FOR PRINTS:

--

- | | | | |
|--------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="radio"/> Employee | <input type="radio"/> Contractor | <input type="radio"/> Interpreter | <input type="radio"/> Process Server |
| <input type="radio"/> Mediator | <input type="radio"/> Intern | <input type="radio"/> Other _____ | |

ADDRESS:

--	--

Street Name

PO Box Number

	FL	
--	----	--

City

State

Zip Code

PERSONAL IDENTIFIERS:

<input type="radio"/> MALE	<input type="radio"/> FEMALE	<input type="radio"/> White (non-Hispanic)	<input type="radio"/> Black (non-Hispanic)	<input type="radio"/> Hispanic
		<input type="radio"/> Asian or Pacific Islander	<input type="radio"/> Native American	<input type="radio"/> Other (specify) _____

Sex

Race

<input type="radio"/> Blue	<input type="radio"/> Brown	<input type="radio"/> Gray	<input type="radio"/> Black	<input type="radio"/> Blonde	<input type="radio"/> Brown	<input type="radio"/> Sandy
<input type="radio"/> Green	<input type="radio"/> Hazel		<input type="radio"/> Red/Auburn	<input type="radio"/> Gray	<input type="radio"/> White	<input type="radio"/> Bald

Eye Color

Hair

--	--

Height

Weight

ORI
FL O35015J

PHONE NUMBER(S):

--	--	--

Home

Work

Other

*****CIRCUIT 5 USE ONLY*****

DATE: FDLE/FBI# Hotfile#:

Member providing service: _____ Contact #: _____