



**LUZERNE COUNTY
DISTRICT ATTORNEY'S OFFICE**
Volunteer Internships & Certified Law Student Program

VOLUNTEER PROGRAM APPLICATION

NAME:

First Name Middle Name or Initial Last Name

ADDRESS:

Home Street Address (Do not list a P.O. Box) Apartment or Suite No.

City State Zip Code Date of Birth

PHONE: CELL: () _____ OTHER: () _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____
First Name Last Name Relationship

ADDRESS:

Home Street Address (Do not list a P.O. Box) Apartment or Suite No.

City State Zip Code

PHONE: CELL: () _____ OTHER: () _____

EMAIL ADDRESS: _____

PREVIOUS VOLUNTEER INTERNSHIP EXPERIENCE

Have you ever volunteered with the Luzerne County District Attorney's Office?

Yes _____ No _____ If yes, please indicate the date(s) and location(s):

SEMESTER or DATE(S)	DIVISION/OFFICE	SUPERVISOR
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Are you currently employed? Yes _____ No _____ If yes, please list the name and address of your employer and duties performed:

SEMESTER PREFERENCE

Semester (select one):

- Spring (January 1 – May 31)
- Summer (June 1 – August 31)
- Fall (September 1 – December 31)

VOLUNTEER POSITION:

- Law Clerk
- Certified Law Clerk

Please enter your hours of availability for each day of the week (if you are not available on a certain day, leave that day blank).

{Example: Monday 8:30 to 4:30}

MONDAY	:	a.m.	to	:	p.m.
TUESDAY	:	a.m.	to	:	p.m.
WEDNESDAY	:	a.m.	to	:	p.m.
THURSDAY	:	a.m.	to	:	p.m.
FRIDAY	:	a.m.	to	:	p.m.

EDUCATIONAL INFORMATION

College or University

Major/Course of Study: _____ Degree: _____
(If Applicable)

Law School: _____

Law School Students

Year of Study: 1st Year 2nd Year 3rd Year

Have you taken the Pennsylvania Bar Examination? Yes ____ No ____ Date: _____

Certified Law Students – Dates of Certification: _____

Special Skills/Special Training/Areas of Interest/Foreign Language(s):

Please indicate if you are proficient with any of the following computer applications: Microsoft Office

Excel Outlook PowerPoint LexisNexis Westlaw Other _____

ACKNOWLEDGEMENT

I certify that all of the information in my application and background investigation forms are true and correct and that any false information will be cause for immediate dismissal and termination of my volunteer services. By affixing my signature below, I acknowledge that I have read and understand all of the conditions and restrictions indicated above. I agree to fully comply with all of the provisions of this agreement during my volunteer services with the District Attorney’s Office.

Signature: _____ Date: _____