



STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
425 QUEEN STREET
HONOLULU, HAWAII 96813
(808) 586-1500

VOLUNTEER APPLICATION FOR INTERNS AND EXTERNS

Name: _____ Date: _____
Last First M. I.

Residence Address: _____

Mailing Address (only if different from Residence Address): _____

E-mail Address: _____

Home Phone: _____ Work or Cell Phone: _____

Date of Birth: _____ Age: _____

Education (indicate last year completed): _____

School or University Last Attended: _____

Occupation: _____

Previous Volunteer Experience: _____

1. Are you a **United States Citizen**, a **United States National**, or **alien authorized to work in the United States**?

_____ **Yes**; if "**yes**", circle the status above that applies to you.

_____ **No**

2. In the past twenty (20) years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged?

_____ **Yes**; if "**yes**", you must:

- a. Describe the dates, nature, and circumstances of the conviction(s) on a separate sheet of paper;
- b. Provide copies of the court order(s), verdict(s), and terms of sentence(s);
- c. If applicable, provide a copy of the terms of probation and/or parole, and a statement from your probation or parole officer regarding your compliance with the court order(s);
- d. At your own expense, provide a current criminal abstract or criminal history record check in your name from the state(s) (excluding Hawaii) where your conviction(s) occurred and the state where you currently reside if different.

_____ **No**

3. All applicants must consent to a criminal history record check in the State of Hawaii. The Department of the Attorney General will obtain a criminal abstract, at no expense to the applicant, from the Hawaii Criminal Justice Data Center.

_____ **I consent** _____ **I do not consent**

4. What divisions in the Department of the Attorney General are you interested in volunteering for?

5. What areas of law are you interested in? _____

6. Why do you want to volunteer for our Department? _____

7. What days and times of the week are you available to volunteer? _____

8. What is your starting and ending dates? _____

9. Are there any circumstances that would limit your ability to provide volunteer service to our Department (e.g., health conditions, disability, etc.)? If **“yes”**, please describe: _____

10. Do you have health insurance? (note: the State of Hawaii and the Department of the Attorney General do not provide health insurance or any other type of employee benefits to volunteers.)

_____ **Yes**; if **“yes”**, provide the name of your insurance carrier and policy number:

_____ **No**

11. In the event of an accident, illness, or emergency, indicate who should be contacted (name, phone number(s), and relationship to you): _____

I hereby certify that all statements, answers, and representations in this application and on the documents attached are true and correct to the best of my knowledge. I acknowledge and understand that any misrepresentation shall be grounds for the termination of my internship or externship with the Department of the Attorney General, and may subject me to further penalties under Hawaii law.

I also acknowledge and understand that I am not an employee of the State of Hawaii or the Department of the Attorney General, and am not entitled to any State employee benefits. I agree to indemnify and hold harmless the State of Hawaii and the Department of the Attorney General for any and all acts or omissions on my part while I am volunteering for the Department of the Attorney General.

Original signature

Date signed