

VOLUNTEER APPLICATION

INSTRUCTIONS: *Please complete in full and return with a current resume.* The information requested in this form is required for provision of professional liability insurance coverage by the Center. For attorneys, your information on license status will be confirmed and periodically reviewed based on your State Bar of California record.

We are currently accepting volunteers who meet one or more of the following criteria. Check the one that applies to you:

- Attorney Law Student/Law School Graduate Certified Paralegal

Name:		
Name of Firm/Business:		
Mailing Address (<input type="checkbox"/> home <input type="checkbox"/> business):		
City:	State:	Zip:
Email:		
Work Phone:	Home Phone:	Cell Phone:
Emergency Contact Name:		Emergency Contact Phone Number:
Other Languages Spoken:		Do You Know American Sign Language:

Professional Status

<input type="checkbox"/> CA Licensed Attorney	CA Bar Number:	Law School Attended:	Year Admitted:
<input type="checkbox"/> Out of State Attorney	Bar Number:	Law School Attended:	Year Admitted:
<input type="checkbox"/> Certified Paralegal	College/Program Attended:		Year Graduated:
<input type="checkbox"/> Law Student/ Graduate	Law School Attended:		Year Graduated:

Current Employer:	Number of Years Employed:
Current Occupation:	Full Time or Part Time Employment:

Family Law Experience

<input type="checkbox"/> None <input type="checkbox"/> Some/moderate <input type="checkbox"/> Primary family law practice <input type="checkbox"/> Certified family law specialist
Number of Years in family law: from _____ to _____
Number of family law trials conducted _____ Number of stipulated agreements _____
Number of default judgments obtained _____ Number of RFOs conducted _____
Types of cases handled: <input type="checkbox"/> dissolution <input type="checkbox"/> paternity <input type="checkbox"/> custody <input type="checkbox"/> support <input type="checkbox"/> pension <input type="checkbox"/> Other _____

Volunteer Program Preferences

(Please check one or more)

<input type="checkbox"/> COAS (Client Orientation & Assessment System)	<input type="checkbox"/> Pro Per (Individual Appointments)	<input type="checkbox"/> Pro Bono Panel
Volunteers interview and provide initial advice to prospective clients of the Center in consultation with staff.	Volunteers prepare pleadings, declarations and a variety of other assistance and instruction to help individuals prepare for court on their own. May include individual advice, meetings, and interviews with clients.	Volunteers provide in court representation and /or settlement assistance. Strong preference for lawyers with family law experience; participation within the sole discretion of the Center.

Availability

It is expected that volunteers will be able to stay for the duration of their scheduled appointment, which will begin at 9:30 or 10:00 a.m. and may last from 4 to 6 hours. Using the boxes below, please check the day(s) that work best for you. The information you provide will be used for scheduling purposes. We will always try our best to work with you and your schedule!

<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays	<input type="checkbox"/> Saturdays
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Volunteer Commitment:	50 hours of office pro per assistance within 12 months following training (or acceptance of one case for full representation or two cases for limited scope representation within 12 months following the training*). <i>*Available only for Pro Bono Panel attorneys</i>
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Volunteer Frequency Preference

<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week	<input type="checkbox"/> Once a month	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Other: _____
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Why do you want to volunteer at the Harriett Buhai Center?

Please describe your previous volunteer experience:

Confidential background information:

Do you have any criminal convictions other than minor traffic offenses? If yes, please specify:
(affirmative answer to this question will be evaluated on a case by case basis)

I have read the information provided and seriously considered my volunteer commitment to the Center. I agree to provide 50 hours of pro per legal counseling and advice at the Center and/or I accept pro bono cases for representation* within the next 12 months as specified in this application. I agree to abide by the policies and procedures for cases developed by the Center's Board of Directors and Staff. I agree to handle all cases in a highly professional and completely confidential manner. I agree that all information I have provided to the Center is true and correct and will be updated as it changes.

Please sign and date below:

Signature: _____ Date: _____

Please note: acceptance of applicants to volunteer remains at the discretion of the Center.