



KING COUNTY BAR ASSOCIATION
HOUSING JUSTICE PROJECT

Volunteer Attorney Application

PLEASE PRINT

Date: _____

Name: _____

WSBA Number: _____

Address for Correspondence:

Firm Name*: _____

Firm Address*: _____

Telephone*: (Office) _____

(Cell) _____

Fax*: _____

E-mail Address*: _____

* This information will be shared with other volunteers, but not with clients.

SCHEDULING:

Note: Kent has the greatest need for volunteers, followed by Seattle mornings. Afternoon office hours are only held in Seattle on Mondays and Thursdays only.

- Which HJP office do you prefer? Kent _____ Seattle _____ No preference _____
- Do you prefer **mornings** (8:30am to 11:30am) or **afternoons** (4:00pm to 6:00pm)? _____
- Please circle your availability:

Monday	Tuesday	Wednesday	Thursday	Friday
AM / PM	AM	AM	AM / PM	AM

- From your availability, what shift do you prefer? _____

If you prefer a regular, predictable day (ex: 3rd Tuesday of the month), which one: _____

- Are you available for last-minute (next day) substitutions? YES _____ NO _____

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- Are you licensed to practice in any other states? YES _____ NO _____
 If yes, where? _____
 Bar Number(s): _____
 - Have you ever been sanctioned, disciplined or reprimanded by any Bar Association?
 YES _____ NO _____
 - If yes, please explain the circumstances: (attach an additional page if necessary) _____

 - Are you **fluent** in any language other than spoken English? YES _____ NO _____
 If yes, what language(s)? _____
 - Have you had any prior experiences and training as a volunteer attorney in Washington or in any other state? Please comment on *all* volunteer experience, whether in an attorney capacity or otherwise. _____

 - In what area(s) of law do you practice? _____

 - Are you interested in volunteering with other KCBA pro bono programs and/or taking cases for on-going direct representation?
 _____ Volunteer Legal Services
 _____ Legal Services for the Homeless
 _____ Newcomers Resource Project
 _____ Volunteer Attorneys for Persons with HIV/AIDS (VAPWA)
 _____ Kinship Care Solutions Project
 _____ Family Law Mentor Program
 _____ Neighborhood Legal Clinics
 - Please describe any limitations to the types of cases/referrals you are willing to take. _____

