

Volunteer Application for Direct Representation Programs

Name: _____

Date: _____

Address for Correspondence:

FIRM: _____

Address: _____

Phone number for CLS staff: _____

FAX: _____

Phone number for clients:: _____

E-mail address: _____

1. Are you licensed to practice in WA? ____ YES ____ NO WSBA #: _____

2. Are you licensed to practice in ANOTHER STATE? ____ YES ____ NO

If so, where? _____ Bar # _____

3. Have you ever been sanctioned, disciplined or reprimanded by a Bar Association?
____ YES ____ NO If yes, please explain.

4. Are you FLUENT in any language other than English? ____ NO ____ YES (what language(s)?):

5. Are you a Notary Public? ____ YES ____ NO

6. Have you had any prior experiences and training as a volunteer attorney? If so, please describe:

7. In what area(s) of law are you available to take referrals based on your current area of practice or prior experience? Please indicate for each if you are also willing to mentor less experienced volunteers.

8. In what area(s) of law would you like to take referrals if training and/or mentoring are available?

9. In which program(s) do you want to volunteer?

- DV Revision Squad* Family Law Mentor* Volunteer Legal Services
- Housing Justice Project-Seattle* Housing Justice Project-Kent* Newcomers Project
- Volunteer Attorneys for People with AIDS/HIV Kinship Care Solutions Project*
- Legal Services for the Homeless Newcomers Wage Claim Project*

*Programs with comprehensive initial training and mentoring.

10. Do you have a preference for working with a particular priority population?

- Individuals with HIV/AIDS
- Individuals with terminal illnesses (generally need home visit – often emergencies)
- Seniors
- Families/children
- Individuals with mental disabilities
- Low-income tenants facing eviction – Housing Justice Project at the King County Courthouse
- Immigrants/Newcomers
- Homeless Individuals
- No, I will work with low-income clients generally

- Note that if you choose a priority population we will try to match you with that population(s) first, but if we have a client with a high need for assistance who is not in that population we may still contact you. Thank you.

11. When are you available to begin volunteering? _____