



PRO BONO VOLUNTEER APPLICATION

Contact Information

First Name		Last Name	
Primary Phone		E-Mail Address	
Firm/Organization (if applicable)			
Address			

Availability

How often (per week) and what length of time are you interested in volunteering?

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During what hours are you available for volunteer assignments?

Monday		Thursday	
Tuesday		Friday	
Wednesday			

Can we contact you if we need volunteers for an event?

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Areas of Interest

Please list which of EBCLC's program areas you are interested in volunteering with

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Special Skills or Qualifications

Please summarize any experience you have had working in a legal setting.

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EBCLC serves a very diverse population – low-income, elderly, minorities, gay and lesbian, mentally and physically disabled people. Please summarize any experience you have had working with individuals from diverse communities.

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What is your language capacity?

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Please summarize any experience you have had working directly with clients.

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Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	