



Volunteer Application

PO Box 833, Austin, Texas 78767 • 512.476.5377 • 476.5773 fax

Brittney Preston, Volunteer Coordinator - bpreston@TexasAdvocacyProject.org

Name:

Address :

City: State: Zip Code:

Phone 1: Phone 2:

Email:

Date of Birth: Driver's License #:

In Case of Emergency Contact:

Name: Phone: Relationship:

Please Mark All Interested Volunteer Activities:

- *Hotline: Attorney
- *Hotline: Pro Bono Attorney
- *Hotline: Referral Attorney (Provide Free 1/2 Hour Consultations to Hotline Callers)*
- Hotline: Intake Screener
- Legal Research/law clerk
- Paralegal
- Fundraising
- Outreach
- Grant Writing
- Newsletter
- Graphic Design
- Clerical Aide: filing, database entry, general administrative support
- Handbags/Backpacks for Hope Campaign
- Other (specify) _____

*activities available only to licensed attorneys

Availability

Which days and hours are you available to volunteer?

Day Hours

Monday

Tuesday

Wednesday

Thursday

Friday

How many hours a week _____ or month _____ can you commit?

Would you be available occasionally to help on special projects or at special events outside of your normal volunteer schedule?

What do you expect to gain from participating as a volunteer?

Skills and Background

Skills you have to offer:

This section only applies if you are a volunteer attorney, law clerk or paralegal.

Attorney

State Bar number:

Year licensed:

Law Clerk

Law School:

To be completed:

Paralegal

Paralegal certification from:

Year completed:

Other Education:

Background:

Languages spoken (other than English):

Are you fluent?

Can you read and write in your second language?

Describe past or present volunteer experience:

Describe past or present relevant work experience:

Describe any work experience with domestic violence or sexual assault issues:

Have you ever been convicted of a criminal offense? No Yes

Will you allow us authorization to do a background check? No Yes

Please provide up to three references (not relatives), who we could contact. Include one person who you have had a professional relationship with (either paid or volunteer).

Name
Address
Phone
Relationship

Name
Address
Phone
Relationship

Name
Address
Phone
Relationship

Office Only:

Reference Check
Training
Bar Check
Confidentiality Agreement

Database
CBC
Start Date
End Date