



**WOMEN'S ADVOCACY PROJECT  
VOLUNTEER INFORMATION SHEET**

P.O. Box 833 > Austin, Texas 78767 > 512.476.5377 > 476.5773 fx

NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ work \_\_\_\_\_ mobile \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
IN CASE OF EMERGENCY CONTACT:

NAME PHONE RELATIONSHIP

**PLEASE MARK ALL INTERESTED VOLUNTEER ACTIVITIES**

\_\_\_\_\_ Hotline Attorney  
\_\_\_\_\_ Legal Hotline Intake Screening  
\_\_\_\_\_ Handle Assisted Pro Se Cases  
\_\_\_\_\_ Referral Attorney (Provide Free Consultations to Hotline Callers)\*  
\_\_\_\_\_ Clerical Aide  
\_\_\_\_\_ Legal Consultaion\*  
\_\_\_\_\_ Legal Research  
\_\_\_\_\_ Special Events Committee \*activities available only to  
\_\_\_\_\_ Outreach licensed attorneys  
\_\_\_\_\_ Fundraising  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**AVAILABILITY**

WHICH DAYS AND HOURS ARE YOU AVAILABLE TO WORK?

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

HOW MANY HOURS A WEEK \_\_\_\_\_ OR MONTH \_\_\_\_\_ CAN YOU COMMIT TO?

WOULD YOU BE AVAILABLE OCCASIONALLY TO HELP ON SPECIAL PROJECTS OR AT SPECIAL EVENTS OUTSIDE OF YOUR NORMAL VOLUNTEER SCHEDULE? \_\_\_\_\_

CAN YOU COMMIT TO ATTENDING ALL VOLUNTEER TRAINING SESSIONS IN THE FIELD YOU CHOOSE?

Hotline: Bar # \_\_\_\_\_ Bar Check \_\_\_\_\_  
Database # \_\_\_\_\_

WHAT DO YOU EXPECT TO GAIN FROM PARTICIPATING AS A VOLUNTEER?

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**SKILLS AND BACKGROUND**

SKILLS YOU HAVE TO OFFER:

ATTORNEY  
STATE BAR NUMBER:

YEAR LICENSED:

LAW CLERK  
LAW SCHOOL:

ANTICIPATED COMPLETION

PARALEGAL  
PARALEGAL CERTIFICATION FROM:

YEAR COMPLETED:

OTHER EDUCATION  
BACKGROUND:

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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 WORK EXPERIENCE:

DESCRIBE ANY WORK EXPERIENCE WITH DOMESTIC VIOLENCE OR SEXUAL ASSAULT ISSUES:

HOBBIES OR SPECIAL INTERESTS:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? \_\_\_\_\_  
WILL YOU ALLOW US AUTHORIZATION TO DO A BACKGROUND CHECK? \_\_\_\_\_

PLEASE PROVIDE 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	Database
Training	CBC _____
Bar Check	Start Date _____
Confidentiality Agreement	End Date _____