



**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?

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:

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 _____