

# TEXAS ADVOCACY PROJECT

## Volunteer Application

1524 S. IH-35, Box 19, Austin, Texas 78704 • 512.225.9584 • [volunteer@TexasAdvocacyProject.org](mailto:volunteer@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:

**I'm Interested In...** (Please mark all interested volunteer opportunities).

Intake Screener  
Communications and Development  
Outreach  
Clerical Aide (filing, database entry,  
general administrative support)  
Handbags/Backpacks for Hope  
Other (specify)

Legal Volunteers and Interns

Legal Research/Law Clerk Intern  
Paralegal  
\*Pro Bono Legal Line Attorney  
\*Pro Bono Attorney  
\*Pro Bono Referral Attorney (provide free 1/2  
hour consultations to callers from your own office)

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### Availability

Which days and hours would you like to volunteer?

**Day**            **Availability**

Monday

Tuesday

Wednesday

Thursday

Friday

Evenings

Weekends

How many hours a week \_\_\_\_\_ or month \_\_\_\_\_ can you commit?

## Skills and Background

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

Skills you have to offer:

|  |                  |
|--|------------------|
| <b><i>This section only applies if you are a volunteer attorney, law clerk or paralegal.</i></b> |                  |
| <i>Attorney</i>  |                  |
| State Bar number:  | Year licensed:   |
| <i>Law Clerk</i>   |                  |
| Law School:  | To be completed: |
| <i>Paralegal</i>   |                  |
| 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 relevant work or volunteer experience:

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

Please provide up to three references who we could contact. Include one person who you have a professional relationship with (either paid or volunteer).

| Name/Organization | Relationship to you | Length of relationship | Phone number |
|-------------------|---------------------|------------------------|--------------|
|                   |                     |                        |              |
|                   |                     |                        |              |
|                   |                     |                        |              |

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

Answering yes does not automatically disqualify you from volunteering.

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

|                         |           |                           |            |
|-------------------------|-----------|---------------------------|------------|
| <b>Office Use Only:</b> |           |                           |            |
| Reference Check         | Bar Check | Confidentiality Agreement | Start Date |
| CBC                     | Training  |                           | End Date   |