

TEXAS ADVOCACY PROJECT

Volunteer Application

1524 S. IH-35, Box 19, Austin, Texas 78704 • 512.476.5377 • 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)

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:

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

Office Use Only:			
Reference Check	Bar Check	Confidentiality Agreement	Start Date
CBC	Training		End Date