



The Pro Bono Project Attorney & Paralegal Volunteer Registration Form

Date _____ Recruited By _____

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____



facebook.com/_____



@_____



linkedin.com/_____



plus.google.com/_____

Bar Number _____ Years in Practice _____ Foreign Languages _____

Areas of Practice _____

Does your employer match funds for volunteerism? Yes No

Employer name (if yes) _____ Phone _____

Address _____

City _____ State _____ Zip _____

I am able to start volunteering by this date: _____

I am willing to accept cases in the following parishes: (Check all that apply.)

____ Jefferson ____ Orleans ____ Plaquemines ____ St. Bernard ____ St. Tammany ____ Washington

By joining the roll of volunteers of The Pro Bono Project, I hereby agree that I will adhere to all standards set forth in the Code of Professional Conduct governing the practice of law in the State of Louisiana while representing any clients referred to me by The Pro Bono Project or seen by me at any event or clinic sponsored by The Pro Bono Project.

Signature: _____

Referral Areas: Check all legal areas in which you are willing and able to volunteer.

| | | | |
|---|---|---|---|
| <p style="text-align: center;">Family Law</p> <p>___ Adoption ___ Custody/Visitation ___ Divorce/Separat./Annul. ___ Guardianship/Conserv. ___ Name Change ___ Paternity ___ Child Support Other: _____</p> | <p style="text-align: center;">Consumer Law</p> <p>___ Bankruptcy/Debt Relief ___ Collection Defense ___ Repossession ___ Garnishment ___ Contracts/Warranties ___ Collection/Creditor ___ Harassment ___ Public Utilities ___ Unfair Sales Practices ___ Other Consumer ___ Licenses (Auto, Occ., Others) ___ Contracts/Construction ___ Redhibition Other: _____</p> | <p style="text-align: center;">Real Estate/ Housing Law</p> <p>___ Fed. Subsid. Housing ___ Ownership/Real Prop. ___ Landlord/Tenant ___ Public Housing ___ Housing Discrimination ___ Mortgage Foreclosure ___ Mortgage Predatory ___ Other Housing ___ Homeless Other: _____</p> | <p style="text-align: center;">Training</p> <p>Areas you wish to receive training: ___ Adoption ___ Bankruptcy ___ Custody ___ Divorce ___ Elder ___ Child in Need of Care ___ SSD/SSI ___ Succession Other: _____</p> |
| <p style="text-align: center;">Administrative Law: General</p> <p>___ Medicaid ___ Medicare ___ Other Health/Medical ___ Food Stamps ___ Social Security ___ SSI ___ SSDI ___ Veterans Benefits ___ Immigration/Natural ___ Indian/Tribal Law ___ Civil Rights ___ Human Trafficking ___ Other Individual Rights ___ AFDC/Other Welfare Other: _____</p> | <p style="text-align: center;">Administrative Law: Labor</p> <p>___ Job Discrimination ___ Wage Claims ___ EITC (Earned Income Tax Credit) ___ Taxes (Not EITC) ___ Taxes – State ___ Employee Rights ___ Unemployment/ Comp. Other: _____</p> | <p style="text-align: center;">Juvenile/Education</p> <p>___ Education – includes Discipline (Exp/Susp) ___ Special Ed./Learning disability ___ Access Vocational ___ Student Financial Aid ___ Termination of Parental Rights ___ Child in Need of Care (Neglected/Abused) ___ Emancipation Other: _____</p> | <p style="text-align: center;">Mentoring Others (technical subject matter expertise)</p> <p>Areas you wish to help other attorneys: ___ Adoption ___ Bankruptcy ___ Custody ___ Family ___ Child in Need of Care ___ SSD/SSI ___ Succession ___ Tax Other: _____</p> |
| <p style="text-align: center;">Wills/Estates</p> <p>___ Wills & Estates ___ Advance Directives/ Powers of Attorney ___ Successions ___ Seniors ___ Interdiction Other: _____</p> | <p style="text-align: center;">General Law</p> <p>___ Mental Health ___ Physically Disabled ___ Nonprofit/Other Incorp. ___ Torts Defense ___ Admiralty/Maritime ___ Municipal Legal Needs ___ Disability ___ Intellectual Property ___ Environmental ___ Post-Disaster Relief ___ Lending/ Practice Other: _____</p> | <p style="text-align: center;">Volunteer Opportunities</p> <p>___ Divorce Workshop Thursdays, 1 – 3 New Orleans ___ Medical-Legal Clinic Fridays, 9 to 2 pm Metairie ___ Self Help Resource Ctr Tues./Thurs., 10 – 12 Gretna ___ Bankruptcy Delgado, last Wed. of each month Other: _____</p> | <p style="text-align: center;">Partner of Pro Bono (Leadership Opportunities)</p> <p>___ Board of Directors ___ Community Legal Education ___ Fundraising ___ Justice For All Ball ___ Law Firm Outreach ___ Marketing Committee ___ Newsletter/Publications ___ Recruiting/Vol. & Recognition Events Other: _____</p> |
| <p style="text-align: center;">Miscellaneous Law</p> <p>___ Curator ___ Appellate ___ Notary ___ Mediation Other: _____</p> | | | |

**THE PRO BONO PROJECT
Confidentiality Agreement**

I, _____, am working with The Pro Bono Project, hereinafter referred to as "The Project". I understand that in the course of my work for The Project, as a volunteer, Staff Member or Board Member, I may learn certain facts about individuals being served by The Project that are of a confidential nature.

I agree not to disclose any information of a confidential nature to ANY person not affiliated with The Project and authorized by The Project to have such information, without specific consent of the individual to whom as such information pertains except as ordered by a court of competent jurisdiction or as otherwise required by law.

Non-adherence to this policy will result in a minimum of termination as a volunteer, employee, or board member of The Project.

I further agree not to disclose any information of a confidential nature after the termination of my relationship with The Project.

Signature

Date

Accepted by Representative of The Pro Bono Project

MODEL RELEASE*

I hereby grant permission to The Pro Bon Project to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

Print Name: _____

Signature: _____

Date: _____

** The signing of the Model Release is optional.*