



# Paralegal Volunteer Application Form

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer or School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Languages:** \_\_\_\_\_

**Current Job/School Responsibilities:** \_\_\_\_\_

**What Legal Skills Do You Currently Possess:** \_\_\_\_\_

**Previous Volunteer Experience:** \_\_\_\_\_

**How You Learned about The Pro Bono Project:** \_\_\_\_\_

**Do You Have Attorney Able/Willing to Supervise Your Work (For Example, Review and Sign Pleadings)?**

**Start Date:** \_\_\_\_\_ **Dates/Times Available (Mark Day; Leave Time Range):**

**Monday**  **Hours:** \_\_\_\_\_

**Thursday**  **Hours:** \_\_\_\_\_

**Tuesday**  **Hours:** \_\_\_\_\_

**Friday**  **Hours:** \_\_\_\_\_

**Wednesday**  **Hours:** \_\_\_\_\_

I understand that in the course of my work for The Pro Bono Project (The Project), as a volunteer, I may learn certain facts about individuals being served 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 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

**Return to:** 615 Baronne Street, Suite 203, New Orleans, LA 70113; Fax: 504-566-0518; info@probono-no.org