



# LAW STUDENT APPLICATION FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LAW SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FOREIGN LANGUAGES SPOKEN: \_\_\_\_\_

WHAT LEGAL SKILLS DO YOU CURRENTLY POSSESS: \_\_\_\_\_

\_\_\_\_\_

IN WHAT AREA OF LAW DO YOU PREFER TO FOCUS: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

BRIEFLY DESCRIBE HOW YOU HEARD ABOUT THE PRO BONO PROJECT PROJECT: \_\_\_\_\_

\_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER WITH THE PRO BONO PROJECT?

\_\_\_\_\_

\_\_\_\_\_

I AM ABLE TO MAKE A COMMITMENT TO THIS PROGRAM FOR:

# \_\_\_\_\_ DAYS PER WEEK      # \_\_\_\_\_ HOURS PER WEEK

APPROXIMATE START / END DATE: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



## 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.*

### Please return to:

Kathleen Legendre  
Managing Attorney  
615 Baronne Street, Suite 203  
New Orleans, LA 70113  
Fax: 504-566-0518  
Email: [klegendre@probono-no.org](mailto:klegendre@probono-no.org)