



VOLUNTEER APPLICATION FORM

Lawyers and law students, please use other application form.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____



facebook.com/ _____



@ _____



linkedin.com/ _____



plus.google.com/ _____

OCCUPATION: _____ MAY WE CALL YOU AT WORK? YES NO

LANGUAGES SPOKEN, OTHER THAN ENGLISH: _____

CURRENT JOB/SCHOOL RESPONSIBILITIES: _____

WHAT LEGAL SKILLS DO YOU CURRENTLY POSSESS?: _____

IN WHAT AREA OF LAW DO YOU PREFER TO FOCUS?: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

LIST THE EXTENT OF YOUR FORMAL EDUCATION: _____

BRIEFLY DESCRIBE HOW YOU HEARD ABOUT THE PRO BONO PROJECT:

DATE AVAILABLE TO START: _____

HOURS PER WEEK ARE YOU AVAILABLE TO VOLUNTEER?: _____

Volunteer Signature: _____ Date: _____

Return to: Kathleen Legendre, 615 Baronne Street, Suite 203, New Orleans, LA 70113 - Fax: 504-566-0518 - Email: klegendre@probono-no.org – you are welcome to submit resumes as well.