

CENTRAL VIRGINIA LEGAL AID SOCIETY
NON-LAWYER VOLUNTEER APPLICATION

Bonner Scholar Law Student RPA JSRCC Centura Shepard Program Other

Name: _____ Address: _____
Street City State/Zip

Phone Numbers: (H) _____ (W) _____ (Cell) _____

(E-Mail) _____ Drivers License #: _____ U.S. Citizen: Yes No

Emergency Contact: _____
Name Address: Street Number, City and State/Zip Phone/cell

Why are you interested in volunteering at CVLAS?

Describe any previous or current volunteer experience:

Describe your formal education, training and/or special skills:

Please list two (2) personal references we can contact:

Name Address: Street Number, City and State/.zip Phone Number

Name Address: Street Number, City and State/Zip Phone Number

I would like to volunteer in the following office: Richmond Petersburg Charlottesville

Please check the types of volunteer work that interest you:

- | | |
|---|--|
| <input type="checkbox"/> Answering telephones/Greeting clients | <input type="checkbox"/> Interviewing clients |
| <input type="checkbox"/> Telephone Intakes, entering data into computer | <input type="checkbox"/> Researching/Preparing cases for administrative hearings |
| <input type="checkbox"/> Walk-in intakes, entering data into computer | <input type="checkbox"/> Delivering documents |
| <input type="checkbox"/> Scheduling appointments | <input type="checkbox"/> Preparing legal documents |
| <input type="checkbox"/> Faxing | <input type="checkbox"/> Running office errands |
| <input type="checkbox"/> Drafting/Filing pleadings | <input type="checkbox"/> Researching/Analyzing law sources |
| <input type="checkbox"/> Typing letters/envelopes | <input type="checkbox"/> Sign language interpreter |
| <input type="checkbox"/> Copying/Filing files | <input type="checkbox"/> Foreign Language interpreter |
| | <input type="checkbox"/> Language _____ |

I can volunteer a total of _____ hours per week with CVLAS. I can volunteer on the following day(s) and time(s):

Mondays from _____ to _____ Tuesdays from _____ to _____ Wednesdays from _____ to _____

Thursdays from _____ to _____ Fridays from _____ to _____ Office closed on Saturday and Sunday

Please read and sign the confidentiality statement. By signing this statement you agree to the following terms and conditions:

I hereby agree to keep all matter pertaining to clients or potential clients confidential. I will not reveal the names of clients or potential clients nor will I discuss his or her case with anyone other than CVLAS employees.

I also certify that the information I have provided you is true to the best of my knowledge.

Date: _____ Volunteer Applicant: _____
Signature (Application must be signed)

Date Interviewed: _____ Interviewer: _____ [] Accept [] Reject
2/2010