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CENTRAL VIRGINIA LEGAL AID SOCIETY VOLUNTEER APPLICATION

RPA [ ] JSRCC [ ] Centura [ ] Shepard Program [ ] Other

Address: Street City State/Zip (Cell)

Phone Numbers: (11) (11) (E-Mail) Drivers License #: U.S. Citizen: [ ] Yes [ ] No

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

Why are you interested in volunteering at CVLAS?

Describe any previous or current volunteer experience:

Describe your formal education, training and special skills:

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

Name Address: Street, City and State Phone Number

Name Address: Street, City and State Phone Number

I would like to volunteer in the following office(s): [ ] Richmond [ ] Petersburg [ ] Charlottesville

Please check the type(s) of volunteer work that interest you:

- [ ] Answering telephones and greeting clients [ ] Typing letters/envelopes [ ] Sign language interpreter [ ] Telephone Intakes, entering data into computer, [ ] Filing [ ] Foreign Language interpreter Language [ ] Scheduling appointments [ ] Making office copies [ ] Assisting in mass mailings/collation [ ] Walk-in Intakes, entering data into computer, scheduling appointments [ ] Copying files at SSA for lawyers/paralegals [ ] Legal research [ ] Faxing [ ] Running office errands [ ] Typing pleadings [ ] Participating in volunteer recruitment events

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