



LAWYERS IN THE LIBRARY

ATTORNEY VOLUNTEER APPLICATION FORM

NAME AND CONTACT INFORMATION

Name: _____ State Bar #: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone (Day): _____ Phone (Cell): _____ Fax: _____

PERSONAL INFORMATION

Primary Area(s) of Practice: _____

Language(s) Spoken: _____ Year Admitted to State Bar _____

Law School: _____ Undergraduate School: _____

In Good Standing with California State Bar: YES NO

Do you have malpractice insurance: YES NO

Which Thursday (second or fourth of each month) are you available? _____

Anything Else We Should Know? _____

DISCLAIMER

As a volunteer for the Lawyers in the Library Program, I understand that the purpose of the twenty (20) minute consultation is to provide guidance on how the patron might be able to solve his or her legal problem rather than to provide in-depth legal analysis or advice. Patrons are advised that no continuing attorney/client relationship will be formed. You agree you will not disclose to third parties any information you receive during the consultation. However, you will not make representations to the patron that his/her communications to you are privileged or confidential. You may not make calls or write letters for the patrons (but it is okay to help them draft their own letter). I understand that no referrals will be made to me, another member of my firm, or another attorney.

Signature: _____ Date: _____