

Please complete and email this application with your résumé to [probono@lsnc.net](mailto:probono@lsnc.net)

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_ Gender Pronouns: \_\_\_\_\_  
Last First M.I.

Pref. Name/ Nickname: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  Phone  Email Best Contact Day(s) and/or Time(s): \_\_\_\_\_

Language(s) & Fluency: \_\_\_\_\_

**BAR STATUS**

Are you a member of the California Bar? YES NO CA State Bar #: \_\_\_\_\_  
 If you're not in active practice, do you wish to participate in the [pro bono practice program](#)? YES NO

Are you a member of other state(s) Bar(s)? YES NO State(s) & Bar #(s): \_\_\_\_\_  
 If no, please explain (attach additional page as necessary): \_\_\_\_\_

Are you in good standing with the Bar(s)? YES NO

Have you ever been subject to discipline by a state bar association? Please note: suspensions for failure to pay dues are not considered disciplinary action. (Since LSNC does not have the resources to conduct in-depth reviews of applicant Bar history, we do not accept volunteers with any Bar discipline.)

YES NO If yes, please explain (attach additional page as necessary): \_\_\_\_\_

**TERMS & SIGNATURE**

**I affirm that the information provided in this application and any attachments are accurate.** I understand that withholding any information for the purpose of evasion, or intentionally giving false information on this application, will result in a denial of my volunteer application, or a termination of my volunteer position, if discovered after I am volunteering.

**I understand and agree that my services will be rendered free of any charge to LSNC and/or LSNC-referred clients.** I agree to hold all client and case matters in the strictest confidence and shall adhere to all policies which serve to protect the attorney-client relationship. **I also understand that I am prohibited from accepting employment on a fee basis from any current or past applicant or client of LSNC.**

**I understand that I may not use LSNC equipment, supplies, or other resources for any purpose not related to LSNC.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your résumé with this application.  
 Submit this completed application and your résumé to [probono@lsnc.net](mailto:probono@lsnc.net).

**SCOPE OF WORK**

I AM INTERESTED IN:

- Working at a LSNC Field Office (AM & PM only, minimum commitment of 4 hours per week for 3+ months)
- Participating in a LSNC Clinic (evenings and/or weekends)
- Accepting pro bono cases referred by LSNC

**SKILLS & TRAINING**

I CAN ADVISE CLIENTS IN THE FOLLOWING AREAS:

- |   |   |
|---|---|
| <input type="checkbox"/> Housing (Eviction Defense, Fair Housing) | <input type="checkbox"/> Consumer Protection/Debtor Rights            |
| <input type="checkbox"/> Health (Medi-Cal, Medicare, Covered CA)  | <input type="checkbox"/> Immigration (Naturalization, T/U-Visa, VAWA) |
| <input type="checkbox"/> Estate Planning/Probate                  | <input type="checkbox"/> Family Law                                   |
| <input type="checkbox"/> Employment/Worker Rights                 | <input type="checkbox"/> Guardianships                                |
| <input type="checkbox"/> Education                                | <input type="checkbox"/> Criminal Records Expungement                 |
| <input type="checkbox"/> Elder Law                                | <input type="checkbox"/> Nonprofit Organizations                      |
| <input type="checkbox"/> Pensions/Retirement Benefits             | <input type="checkbox"/> Guardianships                                |
| <input type="checkbox"/> Public Benefits (SSI/SSDI, CalWORKS)     | <input type="checkbox"/> Other: _____                                 |

I AM INTERESTED IN RECEIVING TRAINING IN THE FOLLOWING AREAS:

- |   |   |
|---|---|
| <input type="checkbox"/> Housing (Eviction Defense, Fair Housing) | <input type="checkbox"/> Pensions/Retirement Benefits                 |
| <input type="checkbox"/> Health (Medi-Cal, Medicare, Covered CA)  | <input type="checkbox"/> Consumer Protection/ Debtor Rights           |
| <input type="checkbox"/> Estate Planning/Probate                  | <input type="checkbox"/> Immigration (Naturalization, T/U-Visa, VAWA) |
| <input type="checkbox"/> Employment/Worker Rights                 | <input type="checkbox"/> Criminal Records Expungement                 |
| <input type="checkbox"/> Education                                | <input type="checkbox"/> Guardianships                                |
| <input type="checkbox"/> Elder Law                                | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Public Benefits (SSI/SSDI, CalWORKS)     |   |

**OFFICE LOCATION(S)**

- |  |  |
|--|--|
| <input type="checkbox"/> Auburn (Amador, Calaveras, El Dorado, Placer, Nevada and Sierra Counties) | <input type="checkbox"/> Sacramento (Sacramento County)      |
| <input type="checkbox"/> Chico (Butte, Colusa, Glenn, Plumas and Tehama Counties)                  | <input type="checkbox"/> Woodland (Yolo County)              |
| <input type="checkbox"/> Eureka (Del Norte and Humboldt Counties)                                  | <input type="checkbox"/> Ukiah (Lake and Mendocino Counties) |
| <input type="checkbox"/> Redding (Lassen, Modoc, Shasta, Siskiyou and Trinity Counties)            | <input type="checkbox"/> Vallejo (Solano County)             |

**AVAILABILITY**

Please select your availability (**AM**: 8:30AM-12:00PM; **PM**: 1:00PM-5:00PM; **Evenings (EV)**: 5:00PM-9:00PM):

MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
AM	PM	EV	AM	PM	EV	AM	PM	EV	AM	PM	EV	AM	PM	EV	AM	PM	EV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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