

Please complete and email this application with your résumé to 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: _____

EXPERIENCE

Law Student Clerical/Administrative Assistant

Legal Graduate Fundraising and/or Volunteer Coordination

Interpreter and/or Translator Event Planning

Paralegal/Legal Assistant Other: _____

Do you have any **current** certification(s), license(s), and/or registration(s) that would contribute to your volunteer service at LSNC? YES NO

If yes, please state your certification, license, and/or registration information:

Are you seeking to fulfill a volunteer/community service requirement? YES NO

If yes, please explain (attach additional page as necessary):

Please note: due to our limited resources, LSNC is unable to accommodate applicants that are volunteering solely to fulfill community service requirements.

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.

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)
- Other: _____

AREAS OF INTEREST (IF APPLICABLE)

I AM INTERESTED IN THE FOLLOWING AREAS:

Legal

- Housing (Eviction Defense, Fair Housing)
- Health (Medi-Cal, Medicare, Covered CA)
- Employment/Worker Rights
- Education
- Public Benefits (SSI/SSDI, CalWorks)
- Consumer Protection/Debtor Rights
- Immigration (Naturalization, T/U-Visas, VAWA)
- Criminal Records Expungement
- Elder Law
- Pensions/Retirement Benefits
- Other: _____

Administrative

- Clerical/Administrative Work
- Fundraising/Development
- Event Planning
- Volunteer Coordination
- Interpreter/Translator
- Other: _____

OFFICE LOCATION(S)

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

ADDITIONAL INFORMATION (IF APPLICABLE)

Please describe specific skills and/or experiences you can contribute to LSNC and/or our clients:

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