



531 Market Street, Camden, New Jersey 08102 legalclinic@voadv.org  
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www.voadv.org/volunteerup

***I'd like to Volunteer UP!***

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Firm, Agency, or Law School: \_\_\_\_\_

Street Address: \_\_\_\_\_

Best E-Mail Address: \_\_\_\_\_

*Note: Volunteers will be added to the Clinic's email list unless otherwise specified.*

Primary Phone Number: \_\_\_\_\_  Work  Home  Mobile

Admitted to practice law in NJ, active status? \_\_\_\_\_ Attorney ID Number: \_\_\_\_\_

For malpractice insurance purposes, if the answer to any of the following questions is yes, please indicate so that we can discuss:

Has any professional liability claim or suit been made against you in the past 5 years?

Do you have knowledge or information of any occurrence or incident that may give rise to a claim?

Within the past 5 years, have you been subject to any disciplinary inquiry, complaint, or proceeding for any reason other than non-payment of dues?

Fluent in any language(s) beside English?: \_\_\_\_\_

Please indicate any and all areas that you are interested in handling *pro bono* for our clients:

- |  |   |
|--|---|
| <input type="checkbox"/> Adoption                            | <input type="checkbox"/> Employment                             |
| <input type="checkbox"/> <b>Bankruptcy</b>                   | <input type="checkbox"/> Family Law                             |
| <input type="checkbox"/> <b>Child Support</b>                | <input type="checkbox"/> <b>Government Benefits</b>             |
| <input type="checkbox"/> Civil Litigation                    | <input type="checkbox"/> Health Care/Medical                    |
| <input type="checkbox"/> Civil Rights                        | <input type="checkbox"/> Immigration                            |
| <input type="checkbox"/> <b>Criminal</b>                     | <input type="checkbox"/> <b>Landlord-Tenant/Housing</b>         |
| <input type="checkbox"/> <b>Custody/Guardianship</b>         | <input type="checkbox"/> <b>Municipal Fines/Warrants</b>        |
| <input type="checkbox"/> <b>Criminal Record Expungements</b> | <input type="checkbox"/> Parental Rights(Termination/Surrender) |
| <input type="checkbox"/> <b>Divorce</b>                      | <input type="checkbox"/> Public Housing                         |
| <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Tax                                    |
| <input type="checkbox"/> <b>Drivers' License Restoration</b> | <input type="checkbox"/> Wills/Power of Attorney/Estate         |
| <input type="checkbox"/> Education/Special Education         | Planning  |
| <input type="checkbox"/> Other (please indicate): _____      |   |

Are you willing to mentor or train other volunteer Clinic attorneys or serve as a subject matter expert? If so, in what area(s)? : \_\_\_\_\_

Are you willing to speak at a community legal education seminar? If so, on what subject(s)?

\_\_\_\_\_