

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: _____

BAR STATUS

Are you a member of the California Bar? YES NO CA State Bar #: _____
 If you aren't 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 applicants or 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)
- Accepting pro bono cases and project assignments from LSNC (at an office or remotely)

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, and Plumas Counties) | <input type="checkbox"/> Ukiah (Lake and Mendocino Counties) |
| <input type="checkbox"/> Eureka (Del Norte, Trinity, and Humboldt Counties) | <input type="checkbox"/> Vallejo (Solano County) |
| <input type="checkbox"/> Redding (Lassen, Modoc, Shasta, Siskiyou, and Tehama Counties) | <input type="checkbox"/> Woodland (Yolo County) |
| | <input type="checkbox"/> Virtual |

AVAILABILITY

Please select your availability (**AM**: 8:30AM-12:00PM; **PM**: 1:00PM-5:00PM; **Evenings (EV)**: 5:00PM-7:00PM):

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"/>

Please attach your résumé with this application.
Submit this completed application and your résumé to probono@lsnc.net.