



LEGAL ASSISTANCE CENTER

Volunteer Information Form

(Please print)

Name: _____

Phone: (home) _____ (work) _____

E-mail: _____

Best hours to contact you: _____

Address: _____

Where did you hear about this volunteer opportunity?

Please indicate your current status:

___ Retired ___ Homemaker ___ Student ___ Currently Employed ___ Other

___ Employed ___ part-time ___ full time

Your education background: ___ High School graduate ___ Some college
___ College degree ___ Post-grad degree

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, what were you convicted of? _____

Have you ever worked for an attorney or the court system? ___ Yes ___ No

If so, whom? _____

What interests you about the volunteer position?

What special skills might you bring to the position?

What concerns might you have about volunteering with us?

Would you need any special accommodations for a physical disability in order to serve in the LAC office? _____

LAC volunteer shifts are listed below (times negotiable). Please indicate which days and times you would be available:

_____ 8:30 a.m. - 12:30 p.m. _____ 1:00 p.m. - 5:00 p.m.

_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

Are you able to make a volunteer commitment of six months?

_____Yes _____No

Do you have your own transportation ?

_____Yes _____No

References: Please provide the names and phone numbers of three persons we may contact who are not related to you:

1. _____

2. _____

3. _____

Thank you!

Please return this form to:

Legal Assistance Center
180 Ottawa Avenue NW, Ste. 5100
Grand Rapids, MI 49503-2751
Phone: 616-632-6014
FAX: 616-632-6011
E-mail: valerie@grbar.org

