

"To promote justice through legal representation and education for our low-income neighbors as a way of demonstrating Christ's love."

DATE:		Fax: (317) 429-4130 Phone: (317) 429-4131 3333 North Meridian Street, Suite 201 Indianapolis, IN 46208 Website: http://www.nclegalclinic.org Joshua W. Abel, Interim Executive Director
DATE OF BIRTH:		
AGE GROUP: ____ (14-18) ____ (19-24) ____ (25-64) ____ (65 & Over)		

CONTACT INFORMATION

Last Name:		First:		Middle:		
Home Address:		Apt/Bldg	City		State	Zip Code
Business Address:		Suite	City		State	Zip Code
Home Phone:	Business Phone:	Cell Number:	Fax Number:	Email Address:		
My preferred mailing address: _____ Home _____ Business						
Employer:			Occupation:			

EMERGENCY CONTACT

Name:	Day Phone:	Evening Phone:	Relationship:
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VOLUNTEER TYPE

(Please check all that apply)

____ Attorney	____ Interpreter/Translator	____ Intern:	
____ Paralegal	____ Administration	____ Undergrad	____ High School
____ Legal Secretary	____ Special Events	____ Law Student	____ Other:
		____ Paralegal	Explain _____

EXPERIENCES

(If applicable: Include both paid and unpaid)

1. Organization Name:	Address:	Phone:
From: _____ To: _____	Supervisor's Name/Title:	
2. Organization Name:	Address:	Phone:
From: _____ To: _____	Supervisor's Name/Title:	

LICENSES AND CERTIFICATIONS

(If applicable)

Type:	Date Received:	Date Expired:
Type:	Date Received:	Date Expired:

EDUCATION
(highest level achieved)

Institution Name:	City/State:	Degree/Major:	Date(s) Attended:
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LANGUAGE SKILL PROFICIENCIES

Language: _____	Level:	Speaking-	Writing-	Reading-
Language: _____	Level:	Speaking-	Writing-	Reading-

SKILLS/INTERESTS

Please check all that apply and please specify: **S=skill: an area you have experience in; I=interest: not necessarily any experience in this area but you are willing to do training in order to volunteer in this area.**

Accounting	S	I	Events Coordination	S	I	Journalism	S	I
Administrative Support	___	___	Filing	___	___	Teaching	___	___
Communications	___	___	Fund Raising	___	___	Photography	___	___
Technical Writer	___	___	Graphic Design	___	___	Project Management	___	___
Computer Support	___	___	Data Entry	___	___	Public Relations	___	___
Public Speaking	___	___	Volunteer Advisor	___	___	Other _____		
Interpreting/ Translation	___	___	LEGAL FIELDS:			Family Law	___	___
			Bankruptcy	___	___	Housing	___	___
			Immigration	___	___	Other _____		
			Tax	___	___			

AVAILABILITY

Long Term Volunteer (Regular commitment)*	___	Short Term Volunteer (Irregular commitment)*	___
Monday AM	___	Wednesday AM	___
Monday PM	___	Wednesday PM	___
Tuesday AM	___	Thursday AM	___
Tuesday PM	___	Thursday PM	___
		Friday AM	___
		Friday PM	___
		[Weekends: (Not regularly available)]	
		Saturday	___
		Sunday	___

***SHORT TERM V.S. LONG TERM**

<p align="center">SHORT TERM</p> <ul style="list-style-type: none"> Consists of less than 2-3 hours per one-two months. The commitment is irregular Schedule is undecided and is usually based on one volunteer task at a time- "case by case basis." <p align="center">EXAMPLES:</p> <p>Newsletter mailings, one case referral, intake sub, one time interpreting and translating on case by case basis, etc.</p>	<p align="center">LONG TERM</p> <ul style="list-style-type: none"> Consists of a regular commitment of a few hours a month for several months. Scheduled volunteer task(s) over the course of several weeks/months. Desired training in an area of law that takes more in depth training on behalf of NCLC thusly resulting in a long term commitment from the attorney or paralegal in exchange for training.
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FURTHER INFORMATION

- Why do you wish to volunteer at NCLC? (*optional*)

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- Have you ever volunteered at NCLC or have any past connection with the clinic? (If yes, please explain and include dates and position(s), if possible)

PLEASE READ AND SIGN BELOW

It is important to know how long you would like to spend volunteering at NCLC. If you choose “Long Term Volunteer” we will require more of a commitment and more responsibility from you as it will take many more resources and time for our staff to train you. If you choose “Short Term Volunteer” you will receive basic training to complete your task. While the choice is yours we ask that you consider the decision carefully. Our time is very valuable as we are a not-for-profit free legal clinic.

Therefore, we are asking all volunteers to please sign their name, with full acknowledgement of the level of responsibility you will be expected to fulfill in your time with us. Thank you for understanding, and especially for taking the time to volunteer with us!

*I have chosen to commit to a **Long Term Volunteer** commitment at NCLC. I understand that in taking on this role I will be expected to fulfill my tasks and responsibilities in exchange for the training I will receive.*

Signature

Date _____

Please Print

*I have chosen to commit to a **Short Term Volunteer** commitment at NCLC. I understand that while the training I will receive is basic, my volunteer tasks are very important to the clinic and its mission, and will be completed by the end of my time as a volunteer.*

Signature

Date _____

Please Print