



24 Aviation Road, Suite 101, Albany, NY 12205
Phone 518/435-1770 • Fax 518/435-1773
email: info@legalproject.org • www.legalproject.org

VOLUNTEER APPLICATION

First Name _____ Last Name _____

Telephone No. _____ (home/cell) _____ (work)

Email Address _____

Address _____

How did you hear about The Legal Project? _____

Academics

Are you a student? _____ If yes, name of school _____

What year are you in? _____ What is your major/concentration? _____

If you are a law student or recent law graduate, are you looking to volunteer per New York State Bar Admission pro bono requirement? Yes _____ No _____

If yes, How many pro bono hours do you require? _____

Availability

How many hours per week are you available to volunteer? _____

What days and times are you available to volunteer? Please include evening hours.

____:____ to ____:____ Monday ____:____ to ____:____ Thursday

____:____ to ____:____ Tuesday ____:____ to ____:____ Friday

____:____ to ____:____ Wednesday ____:____ to ____:____ Saturday

Do you have a car? _____ If no, what type of transportation do you have? _____

Confidentiality Agreement

Please read and sign:

The services The Legal Project provides for its clients are of a highly confidential nature. It is vital that all volunteers respect and maintain the confidential relationship between The Legal Project and each of its consultations and clients. Information about The Legal Project, including information about its business, operations, finances, plans, and clients must never be discussed with, or revealed to, people outside The Legal Project or be used for personal benefit either during or after your volunteer involvement.

No one is permitted to remove from its offices or make copies of any Legal Project records, reports, or documents without prior approval of the Executive Director or the Legal Director. Disclosure of confidential information could lead to disciplinary action, including termination of your volunteer work and/or other possible legal action.

I have read, I understand, and I agree to abide by the confidentiality requirement set forth above.

Signature

Print Name

Date