



CALIFORNIA VETERANS LEGAL TASK FORCE

3755 Avocado Boulevard #293
La Mesa, California 91941
Office: 619-540-4056 Fax: 619-550-3145
www.CVLTF.org



VETERANS LEGAL ASSISTANCE AND REFERRAL CLINIC
Volunteer Attorney Application Form

APPLICANT INFORMATION

Name: Last _____ First _____ M.I. _____ DOB: _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

E-mail Address _____

1. California Bar Number _____

2. Area(s) of Practice _____

3. Firm Name _____

4. Professional Liability Carrier & Policy Number _____

5. Would you prefer to volunteer in the day time or evening? _____

6. Are you willing to take pro bono representation or just consulting? _____

7. Are you willing to share any attorney's fees that may be possible through representation with CVLTF? _____ Y/N

8. Are you available to answer questions from our supervising attorney or staff regarding your practice area? _____ Y/N

9. Do you have a preferred screening tool for cases in your field of practice that you would like completed prior to scheduling interviews? _____ Y/N

10. Are you willing to work in a jail facility? _____ Y/N

11. Service Experience:

Branch of Service _____ Rank _____ Dates of Service _____

Discharge Type _____

If you received anything other than an honorable discharge, please briefly explain the circumstances _____

Conflicts served in (indicate combat or non-combat service) _____

Vietnam _____ Korea _____ Desert Storm _____

OEF/OIF/OND _____ Other _____

12. How long have you lived in San Diego? _____

13. Do anticipate any conflicts in being an attorney with our program? _____ Y / N

If yes, please explain _____

14. What law school did you attend? _____
15. Do you have any personal experience with mental health clients that can assist you in supporting a person undergoing mental health treatment? Y / N _____
If yes, please explain _____
16. Do you have any personal experience with criminal justice system that can assist you in supporting a justice involved veteran? _____
17. What do you see as the most difficult part of being volunteer attorney? _____
18. What veterans' resources are you familiar with? _____
19. Are you willing to travel to distant parts of San Diego County for volunteer work? Y/N _____
20. Can clients contact you at your office? Y/N _____
21. What motivates you to participate as a volunteer attorney in the VLARC Program? _____
22. What are you hoping to gain and take away from volunteering with the VLARC Program? _____
23. How many hours a month are you willing to volunteer with the VLARC Program? _____
24. Are you willing to be a speaker about your area of practice? Y / N _____

REFERENCES

Please list two professional references and one personal reference.

Full Name _____ Relationship _____

Years known _____ Company _____

Phone _____

Address _____

Full Name _____ Relationship _____

Years known _____ Company _____

Phone _____

Address _____

Full Name _____ Relationship _____

Years known _____ Company _____

Phone _____

Address _____

ACKNOWLEDGEMENT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that providing false or misleading information in my application or interview may result in my non-selection as a volunteer or relief for cause from CVLTF program.

Signature _____ Date _____

Staff Use Only	
Recommended as a volunteer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Orientation Completed	Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Completion:
Special Accommodations/Needs:	
VLARC Assignment:	Date: