



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 Paralegal 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. Do you have an ABA paralegal certification? Y/N _____
2. Area(s) of Practice _____
3. Firm Name _____
4. Professional Liability Carrier & Policy Number, if any _____
5. Would you prefer to volunteer in the day time or evening? _____
6. Are you willing to assist in pro bono representation or just consulting? _____
7. Are you willing to work in a jail facility? Y/N _____
8. 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	
9. How long have you worked as a paralegal? _____
10. Do anticipate any conflicts in being a paralegal with our program? Y / N _____
If yes, please explain _____
11. What legal training programs did you attend? _____
12. 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 _____

13. Do you have any personal experience with criminal justice system that can assist you in supporting a justice involved veteran?

14. What do you see as the most difficult part of being volunteer paralegal?

15. What veterans' resources are you familiar with?

16. Are you willing to travel to distant parts of San Diego County for volunteer work? Y/N
17. Can clients contact you at your office? Y/N
18. What motivates you to participate as a volunteer paralegal in the VLARC Program?

19. What are you hoping to gain and take away from volunteering with the VLARC Program?

20. How many hours a month are you willing to volunteer with the VLARC Program?

21. 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: