



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
Law Student / Intern 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. What law school do you attend? _____ Year of graduation _____

2. Area(s) of Practice that interest you _____

3. Are you currently employed in the legal field? Y / N If yes, what firm? _____

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

5. Are you willing to assist in pro bono representation or just consulting? _____

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

7. 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 _____

8. Have you ever worked as a paralegal? Y / N If yes, when/where? _____

9. Do anticipate any conflicts in being a volunteer with our program? Y / N _____

If yes, please explain _____

10. 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 _____

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

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

13. What veterans' resources are you familiar with?

14. Are you willing to travel to distant parts of San Diego County for volunteer work? Y/N
15. What motivates you to participate as a volunteer in the VLARC Program?

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

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

REFERENCES

Please list two professional references and one personal reference.

Full Name _____ Relationship _____
 Years known _____ Company _____
 Phone _____
 Address _____

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 Phone _____
 Address _____

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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: