# http://profile.ak.fbcdn.net/hprofile-ak-snc4/203505_176136942458115_1060320_n.jpgMaxwell St. Legal Clinic

# Volunteer Application

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| Contact Information |
| Full Name |  |
| Today’s Date |  |
| Address |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Best way to contact you |  |
| Date of birth |  |
| Current occupation |  |
| Any medical conditions in case of emergency |  |
| Person to Notify in Case of Emergency |
| Name |  |
| Street Address |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Best way to contact |  |

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| Volunteer Interests PLEASE SELECT BETWEEN ONE AND THREE CHOICES.  |
| \_\_\_ Attorney – must be licensed to practice law in the state of Kentucky\_\_\_ ESL Tutor – One-on-one tutoring with clientsDocument Translation –must be fluent in at least two languages,  Specify languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Work – filing, phone calls, appointment reminders, etc.  |

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| Availability and Frequency |
| During which hours are you available to volunteer? About how often would you like to volunteer? |
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| Language and Computer Proficiency |
| Do you speak any languages other than English? If so, please rate your ability on a scale from 1 to 10 (1 is minimal, 10 is fluent). Please rate your computer skills in the same manner. |
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| Special Skills and Hobbies |
| Do you have any special skills or hobbies? |
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| Volunteer Experience |
| Please summarize your previous volunteer experience, and include why you are interested in volunteering at MSLC. |
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We appreciate your interest in becoming a volunteer at Maxwell St. Legal Clinic. **Please email this completed application to gaby@kyequaljustice.org** and we will be in contact with you shortly regarding upcoming training and volunteer opportunities. If you have any questions, please contact Gaby Dawson at gaby@kyequaljustice.org. Thank you!