



VOLUNTEER APPLICATION FORM

Mail: 935 Gravier St., Ste. 1340, New Orleans, LA 70112

FAX: 504-566-0518

PDF: volunteer@probono-no.org

(Please forward resume if available)

Full Name: _____ Date: _____

School/Employer/Self: _____

Address: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Date Available to Start: _____ Second Language: _____

How did you hear about us? () Internet () Outreach Event () Recommended by a friend

Volunteer Capacity: Mark one (Attorneys to use Attorney Registration Form: Bar No. _____)

- () General Volunteer () Interpreter () Psychologist
- () Accountant () Paralegal () Registered Nurse
- () Appraiser () Law Student () Social Worker
- () Court Reporter () Private Investigator () Undergraduate
- () Curator () Process Server Other: _____

Areas of Interest: Mark all you would like to receive emails regarding future volunteer opportunities

- () Family Law () Real Estate/Housing Law
- () Wills/Estates () Continuing Legal Education/Training
- () Consumer Law () Marketing/Outreach/Publications
- () Orleans Self-Help Resource Ctr., 9 to 12, M/W/F () Justice For All Ball/Fundraising
- () Gretna Self-Help Resource Ctr., 10 to 12, Tu/Th () Are you a notary?

Other: _____

Parishes of Interest:

- () Jefferson () Plaquemines
- () Orleans () St. Bernard
- () St. Tammany () Washington

Why do you want to volunteer with us? _____

Confidentiality Agreement – I am working with The Pro Bono Project (“The Project”). I understand in the course of my work as a volunteer, Staff Member or Board Member, I may learn certain facts about individuals being served by The Project that are of a confidential nature. I agree not to disclose any information of a confidential nature to ANY person not affiliated with The Project and authorized by The Project to have such information, without specific consent of the individual to whom as such information pertains except as ordered by a court of competent jurisdiction or as otherwise required by law. Non-adherence to this policy will result in a minimum of termination as a volunteer, employee, or board member of The Project. I further agree not to disclose any information of a confidential nature after the termination of my relationship with The Project.

Signature/Date _____

Office Use Only
Initials: