



Volunteer Enrollment Form

Name _____ Date ____/____/____

Firm/Employer _____

Mailing Address _____

Phone _____ Email _____

CA Bar # _____ Date Admitted to CA Bar _____

In what areas do you currently practice?

How long have you been practicing? _____

Languages other than English: _____

How did you hear about VLSC?

☐ ACBA website ☐ probono.net ☐ Email ☐ Colleague

☐ Other: _____

Please mark an "X" on all that apply

A. Volunteer Area of Interest

☐ Legal Clinics ☐ Conduct Trainings

☐ Legal Clinic Supervising Attorney – Clinic(s): _____

B. Volunteer Expertise

☐ Bankruptcy ☐ Domestic Violence Restraining Orders

☐ Family Law (please specify): _____

☐ Guardianship ☐ Landlord/Tenant

☐ Other: _____

Legal Access Alameda Volunteer Enrollment Form

C. Clinics

I would like to volunteer at the following legal clinic(s). List order of preference by #1, #2, etc. Clinic offerings and availability are subject to change.

<u>Clinic/Location</u>	<u>Date/Time</u>	<u>Preference</u>
CLASP (Oakland)	1 st Saturday 10:15-3:00	_____
CLASP (Fremont)	Saturday (varied dates & times)	_____
*Bankruptcy Chapter 7 (Oakland)	3 rd Thursdays 10:00-12:30	_____
*Bankruptcy Form Completion (Oakland)	by appointment	_____
Domestic Violence (Hayward)	Tuesdays 9:30-1:00	_____
Family Law Day of Court (Hayward)	T,W,F 8:45-12:00	_____
*Family Law Status Conference (Hayward)	T, Th 1:30-4:30	_____
*Fremont General Family Law (Fremont)	3 rd Tuesdays 3:00-6:00	_____
*General Family Law (Oakland)	2 nd Thursday 10:00-1:00	_____
*General Family Law (Oakland)	3 rd Friday 10:00-1:00	_____
*Spanish General Family Law (Oakland)	3 rd Mondays 2:00-5:00	_____
Guardianship (Berkeley)	1 st Fridays 9:00-12:00	_____
Guardianship (Berkeley)	3 rd Fridays 9:00-12:00	_____
Guardianship Workshop (Oakland)	Mondays 1:30-4	_____
Limited Conservatorship (Berkeley)	(TBD)	_____
Low Income Landlord (Oakland)	Tuesdays 9:00-11:00	_____
LEGAL FIRST RESPONDERS SM		_____

****Clinics marked with an asterisk require some experience in the relevant practice area.***

I certify that I am in good standing with the State Bar of California and I will notify Legal Access if that changes in any way.

Signature: _____

PLEASE SEND COMPLETED ENROLLMENT FORM AND CURRENT RÉSUMÉ TO:

**Amarilis Medrano, Clinics & Volunteer Coordinator
Legal Access Alameda
1000 Broadway, Suite 290 • Oakland, CA 94607
amarilis@acbanet.org**