



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: _____

What type of calendar software do you use? _____

(This is relevant for volunteering through our one-on-one consultations platform.)

Please mark an “X” on all that apply

A. Volunteer Area of Interest

- Legal Clinics One-on-One Consultations
- Legal Clinic Supervising Attorney – Clinic(s): _____

B. Legal Experience

- Bankruptcy Domestic Violence Restraining Orders
- Family Law (please specify): _____
- Guardianship Landlord/Tenant Estate Planning
- Other: _____

**Legal Access Alameda
Volunteer Enrollment Form**

C. Volunteer Opportunities

I am interested in the following volunteer opportunities (check next to all that apply). Please note that many of these opportunities are currently only offered as one-on-one consultations. Offerings and availability are subject to change.

Volunteer Opportunity

- | | |
|--|-------|
| CLASP | _____ |
| *Bankruptcy | _____ |
| Domestic Violence Restraining Orders | _____ |
| Family Law Day of Court Clinic (M-F 8:30-12:00 & W 1-4:30) | _____ |
| *Family Law Status Conference Clinic (T 1:30-4:30) | _____ |
| *General Family Law | _____ |
| *Shriver Custody Program (W afternoon) | _____ |
| *Spanish General Family Law | _____ |
| Guardianship Workshop | _____ |
| Limited Conservatorship | _____ |
| Low Income Landlord | _____ |
| *Shriver Landlord Settlement Conference (Wednesdays) | _____ |
| Lawyers in the Library | _____ |
| Property Transfer Assistance | _____ |
| Free Legal Answers | _____ |
| LEGAL FIRST RESPONDERS SM | _____ |
| Wills Assistance for Emergency Responders (WAFER) | _____ |

****Opportunities 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 Alameda if that changes in any way.

Signature: _____

**PLEASE SEND COMPLETED ENROLLMENT FORM
AND CURRENT RESUME TO:**

**Amarilis Medrano, Clinics & Volunteer Coordinator
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