Legal Volunteer/Student/Employee Application Form

This form is to be used for <u>all</u> positions at Pine Tree Legal Assistance

Full Name of Volunteer:		
Former name/maiden name:		
Street address:		
Date of Birth:		
Current School/Educational status:		
Current work place:		
Any past dealings [self or family/friends] with Pine Tree?	□ yes	\Box no
If yes, please explain:		

If accepted as a volunteer at Pine Tree Legal Assistance, I will keep all information about cases or clients confidential and will not disclose it to any outside individual. I agree that Pine Tree may conduct a background check to confirm my eligibility to serve as a volunteer/student/employee

Date:	Signature:		_			
For staff use only: Local staff supervisor/contact:		_	•••••			
Proposed Start Date:	End date:	_				
Volunteer duties:						
Estimated hours/week:	specific schedule of hours	□ yes	\Box no			
Volunteer will require access to com	puter network:	□ yes	\Box no			
Volunteer will require Legal Files pr	ivileges:	□ yes	\Box no			
Staff email inquiry completed: \Box yes \Box no Conflicts check completed: \Box yes \Box no						
Completed Form must be faxed to acceptance of volunteer by the loca application. IN NO EVENT shoul	al office to complete final re	view and appro	oval of			

Volunteer has been approved:	□ yes	\Box no	by:	
General orientation will be sche	duled on:			
[If appropriate] Computer orient	tation will	be sched	uled on:	