

**Lone Star Legal Aid  
Non-Lawyer Volunteer & Student Profile Form**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TITLE:** Mr. Mrs. Ms. Miss      **GENDER:** Male Female

**PHONE:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**OTHER CONTACT:** \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation?  No     Yes \_\_\_\_ (If "yes," please explain):

\*\*\*\*\*

**Emergency Contact**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\*\*\*\*\*

**Type of Volunteer:**

Law Graduate: Expected Date of Bar Exam: \_\_\_\_\_ Expected Date of Licensure: \_\_\_\_\_

Paralegal/Legal Assistant       Student (see below)       Other (Please describe):

\_\_\_\_\_

**Indicate your availability below:**

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Days & Hours Available:** \_\_\_\_\_

**STUDENTS ONLY:**

Name of School: \_\_\_\_\_

Check here if you plan to earn academic credit from your time with us: \_\_\_\_\_

Describe your area(s) of legal interest: \_\_\_\_\_

Law Students (check one): 1L 2L 3L Do you have a 3L Bar card:  Yes  No

**Volunteer Location:** We have offices in the following Texas cities. Please check all offices in which you are willing to volunteer.

Angleton  Beaumont  Belton  Bryan  Conroe  Galveston  Houston (downtown)

Longview  Nacogdoches  Paris (Texas)  Texarkana  Tyler  Waco

### **Lone Star Legal Aid Policies**

*As a volunteer, you are expected to follow all LSLA policies and procedures and your signature below indicates your agreement to do so.*

#### ***Client Confidentiality***

*In the course of this assignment you may be working with client related information. Such information must be treated as confidential and may not be used for any purposes outside of LSLA, divulged to others, or used for personal benefit at any time or in any manner. This specifically includes client information that maybe viewed in the course of using LSLA's ProDoc for the preparation of client documents.*

#### ***Internet, E-Mail and Copy/Fax Machine Use***

*Use of LSLA provided Internet, e-mail access, and copy/fax machines is authorized for business purposes only. LSLA e-mail and internet access may not be used for transmitting, retrieving, or storing any communications of a discriminatory or harassing nature, for or materials that are obscene or pornographic.*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **For assigned office use only**

**Describe the volunteer's work assignment:**

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer's Schedule:** \_\_\_\_\_ **Office/Unit Assigned:** \_\_\_\_\_

**LSLA Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return copies to HR and PAI Departments. Keep a copy for your office/department files.*

*Remember to send an **Aloha** at least 5 working days in advance if the volunteer will need PM training, Citrix access, an email and/or voice mail account, to be added to phone or email groups, or other LSLA resources not readily available in the assigned office/unit.*