# THE CALIFORNIA WESTERN COMMUNITY LAW PROJECT

**ATTORNEY VOLUNTEER REGISTRATION FORM PART I. VOLUNTEER INFORMATION**

Name:

Firm:

Address:

City:

State:

Zip:

Office Phone: Cell Phone:

Email address:

Bar #:

Current Practice Area(s):

Certification Area(s) (if any):

Please list any languages other than English that you speak:

# PART II. CONDITIONS OF VOLUNTEER PARTICIPATION

1. I certify that I am licensed to practice in the state of California and that my license is active.

Signature: Date:

1. I certify that I am a member in good standing of the California bar and that I have never faced any disciplinary actions from the state bar of California or any other state bar.

Signature: Date:

THE CALIFORNIA WESTERN COMMUNITY LAW PROJECT VOLUNTEER ATTORNEY REGISTRATION FORM

1. Unless otherwise agreed to in writing, I understand and agree that any services that I offer to California Western Community Law Project’s clients will be free of any charge and done so on a pro bono basis.

Signature: Date:

1. I understand that the California Western’s malpractice insurance only covers legal advice and assistance that I offer to clients during CLP clinic sessions. Any interactions with clients outside of CLP clinics does not fall within California Western’s malpractice protection.

Signature: Date:

2