

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

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

Signature: _____ Date: _____

B. 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: _____

C. I understand and agree that any services that I offer to individuals while at a California Western Community Law Project clinic will be free of any charge and done so on a pro bono basis.

Signature: _____ Date: _____

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D. I understand that the California Western's malpractice insurance only covers legal advice and assistance offered during CLP clinic sessions and/or while in the presence of a California Western School of Law student. Unless done so in a teaching capacity with a California Western School of Law student, any interactions with individuals outside of CLP clinics do not fall within California Western's malpractice protection.

Signature: _____ Date: _____

E. I agree to inform California Western School of Law staff about continuing interactions with individuals met through the clinic, including if further assistance provided to these individuals on a pro bono, contingency, or for fee basis.

Signature: _____ Date: _____