



ONLINE VOLUNTEER ATTORNEY APPLICATION

Full Name: _____ Mailing Address: _____

Phone (1): _____ Phone (2): _____ Fax: _____ E-Mail: _____

Date of Birth: _____ Colorado Driver's License Number: _____
Automobile liability insurance carrier: _____

How did you hear about us?

Which program(s) are you interested in doing volunteer attorney services for?

Foster Parent Representation Domestic Violence Program Denver Prevention Partnership
Other (please explain): _____

Are you in good-standing with the Colorado Bar Association and all other such Associations of which you are a member? Yes No If no, please explain: _____

Have you ever been arrested or convicted of a crime? No Yes If yes, explain: _____

Do you have any experience working with at-risk families/family violence? Yes No
If yes, describe: _____

Describe your experience working with children/families (does not have to be legal experience): _____

Are you currently doing other volunteer attorney work? Yes No
If yes, please explain: _____

How do you prefer to receive information on trainings and cases?
E-mail Fax U.S. Mail

When are you interested in and available to take a case? Now or in next 3 months
3-6 months 6-9 months 9-12 months Next year Not sure

I give my permission for a CBI search to be done prior to taking a volunteer case.

I HEREBY CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND.

Attorney Reg. Number: _____
Person completing this form: _____

Today's Date _____