



**NON-ATTORNEY VOLUNTEER ENROLLMENT FORM
CATHOLIC CHARITIES LEGAL ASSISTANCE DEPARTMENT (“CCLA”)**

Name: _____ Date: _____

How did you hear about the opportunity to volunteer with CCLA?

Are you presently affiliated in any way with Catholic Charities? YES NO

If yes, how are you affiliated? _____

I. CONTACT INFORMATION:

Home Address: _____ Work Address: _____

Do you prefer to receive CCLA mailings at (please circle one): HOME WORK
EMAIL

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you prefer to have us contact you at (circle all that apply): HOME WORK CELL
EMAIL

Email address: _____

II. PROFESSIONAL BACKGROUND:

A. Are you a law student? YES NO
If yes, what law school are you attending? _____

Anticipated graduation date: _____

B. Are you a paralegal? YES NO
If yes, for how long have you been a paralegal? _____

C. Are you a college student? _____
If yes, what college are you attending? _____

Anticipated graduation date: _____

D. If none of the above, please describe your interest/qualifications for volunteering with CCLA:

III. LANGUAGES:

Do you speak a foreign language fluently? YES NO

If yes, what language(s) do you speak? _____

IV. VOLUNTEER AVAILABILITY

Volunteering During Workday? (Monday – Friday between 9:00 a.m. and 5:00 p.m.)

Please specify days and times you are available:

Can you come into the CCLA office during these times? ____Yes ____No

Volunteering After-Hours Availability?

Please specify days and times you are available:

Are there certain times of the year when you are not available? ____Yes ____No

If so, please specify approximate dates:

V. VOLUNTEER OPPORTUNITIES:

Please check the volunteer opportunities in which you are interested. This does not obligate you to any particular time commitment. CCLA will notify you as opportunities arise in the areas in which you are interested. If applicable, you will receive further information.

_____ **LEGAL ADVICE LINE:** Yes, I am willing to answer/return advice line calls and conduct the initial intake screening for hotline clients. I am available as follows (please indicate days/times)

_____ **CLERICAL DUTIES:** Yes, I am willing to assist CCLA with clerical/secretarial duties, including typing correspondence and memorandums, photocopying documents, preparing legal forms, organizing files and reference materials, answering hotline calls and scheduling appointments. I am available as follows (please indicate days/times): _____

_____ **LEGAL RESEARCH:** Yes, I am a law student or paralegal and am willing to perform occasional legal research for CCLA.

_____ **ADVICE DESK:** I am willing to work at CCLA’s legal advice desk to assist with screening clients at
St. Vincent Center
721 N. LaSalle St.
Chicago, IL 60610
4:30 – 6 p.m. (Monthly on the second Tuesday)

_____ **SPANISH TRANSLATION PROJECTS:** I am interested in volunteering on translation projects with the assistance of CCLA’s Spanish speaking staff attorney either in CCLA’s office or off-site.

VI. VOLUNTEER RECOGNITION:

CCLA may wish to recognize its volunteers on its website and other promotional materials by listing their names. Please indicate below whether CCLA has your permission to do so:

_____ Yes, CCLA may recognize my volunteer support in its website and other promotional materials.

_____ No, CCLA may not recognize my volunteer support.

Signature: _____

Date: _____

VII. CRIMINAL BACKGROUND

Regular, ongoing volunteers are required to submit to a criminal background check.

Will you grant Catholic Charities permission to conduct a criminal background check on you?

_____ Yes _____ No

Have you had a felony conviction which has not been annulled, expunged or sealed by a court?

___ Yes ___ No

If yes, please explain:

QUESTIONS:

If you have any questions, you may contact us by:

Phone: 312-948-6524
E-mail: mnorwell@catholiccharities.net
Visit our Website: www.catholiccharities.net/ccla

Please return this enrollment form along with the following required forms, which can be located at www.catholiccharities.net/ccla under "Volunteers" and then "Non-Attorney Volunteer Package."

- 1) Background Check
- 2) Declarations
- 3) Confidentiality Agreement
- 4) Photo Release

Please send to:
Catholic Charities Legal Assistance Department
651 W. Lake Street, Suite 304
Chicago, IL 60661
THANK YOU!