



Legal Assistance

Non-Attorney Volunteer Application



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

Name: _____ Date of birth: _____

How did you hear about the opportunity to volunteer with Catholic Charities Legal Assistance?

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

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

Do you prefer to have us contact you at (please circle one): HOME WORK CELL

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. 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 OPPORTUNITIES:

Please check the volunteer opportunities in which you are interested. This does not obligate you to any particular time commitment, but will simply guarantee that you will be notified as opportunities arise in the areas in which you are interested. If applicable, you will receive further information.

_____ **HOTLINE CALLS:** Yes, I am willing to answer/return hotline calls to obtain basic client information. 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 willing to perform occasional legal research for CCLA.

V. 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: _____

QUESTIONS:

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

- Phone:** 312-948-6821
- E-mail:** kcallahan@catholiccharities.net
- Visit our Website:** www.catholiccharities.net/ccla

Please return this enrollment form along with the following required forms:

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

**Please send to:
Catholic Charities Legal Assistance
651 W. Lake St., Suite 403
Chicago, IL 60661**

THANK YOU!