



CHRISTIAN
— LEGAL AID
OF THE DISTRICT OF COLUMBIA

VOLUNTEER QUESTIONNAIRE

Section I – General Information

Mr. Ms. First Name: _____ Last Name: _____
Home Address: _____
Occupation: _____ Employer Name/Address: _____
Email: _____ Cell No.: _____ Work Phone No.: _____
Church/Religious Affiliation: _____ Languages Spoken: _____
How did you hear about us? _____
Why would you like to volunteer with us? _____
Do you have experience working with homeless or low-income clients? Yes No
If yes, please explain: _____

Section II – Legal Background (*attorneys only; if you're not an attorney, please skip to Section III*)

List all jurisdictions in which you're currently licensed and corresponding Bar number(s):

Are you in good standing with the jurisdiction in which you're currently licensed? Yes No
If no, please explain: _____
Current Hourly Rate: _____ Areas of Expertise: _____
For Those Accepting Referrals – Check all areas of law in which you have expertise and are willing to receive referrals:
 Housing Landlord/Tenant Public Benefits ID Records Labor Law
 Family Law Consumer Rights Civil Litigation Immigration Debtors' Rights
 Other(s): _____

Section III – Background for Non-Attorneys

Are you a law school student, or do you have any professional legal experience? Yes No
If yes, please describe (including school name and year): _____
Interests:
 Fundraising Paralegal/Admin Special Events Translation Social Media
Other skills: _____

I am applying to be a:

Clinic Site Volunteer Referral Volunteer Other

Signature

Date

Rev. Nov. 2015

Please return the completed questionnaire to CLADC by mail, email to info@christianlegalaid-dc.org, or fax to (202) 380-0486