

# **Washington Legal Clinic for the Homeless**

## **VOLUNTEER APPLICATION**

### **VOLUNTEER POSITION DESCRIPTIONS:**

**1) Intake Site Volunteers**

Volunteers will periodically attend intake at one of the Legal Clinic's community based intake sites and will represent or otherwise assist clients met at intake with any legal issue or case that falls within the Legal Clinic's case selection criteria (assuming no conflict of interest).

**2) Referral Volunteers**

Volunteers will be contacted periodically with information about cases available for referral from Legal Clinic staff attorneys or intake site volunteer attorneys. Generally, the cases will involve circumstances in which the intake volunteer is unable represent the client due to a conflict of interest or case at issue requires particular expertise.

### **VOLUNTEER REQUIREMENTS:**

- 1) All volunteers must attend the Legal Clinic's New Volunteer Orientation and Training.**
- 2) Attorneys must be authorized to practice law in the District of Columbia. Attorneys must be a current member of the District of Columbia Bar or have begun the process for waiving in admission; attorneys employed by the Federal government must be a member in good standing of the highest court of any state.**
- 3) Non-attorneys may volunteer only in partnership with and under the direct supervision of an attorney authorized to practice in the District of Columbia. The Legal Clinic lacks the capacity to arrange partnering relationships.**

**I am applying to be:**

*(you may volunteer for both)*

**an Intake Site Volunteer**

**a Referral Volunteer**

## APPLICANT INFORMATION:

Mr.                      Ms.

FIRST NAME:    LAST NAME:

EMPLOYER NAME/ADDRESS:

CITY:                                      STATE:                      ZIP:

HOME ADDRESS:

CITY:                                      STATE:                      ZIP:                      WARD:

I prefer to receive mail at my:

Home                      Work

TELEPHONE: Home (       )       -                      Work (       )       -

Cell (       )       -                      Fax (       )       -

I prefer that you call me at:

Home                      Work                      Cell

PREFERRED EMAIL:

LANGUAGES SPOKEN:

OCCUPATION / TITLE:

If you work for a law firm, who is your Pro Bono Coordinator?

If you are a summer associate at a law firm, what date will you leave the firm?  
/       /

If you are not an attorney, please provide the name of your attorney partner:

How did you hear about our volunteer program?

Please list your Bar membership(s) and corresponding Bar number(s):

Are you in good standing with the District of Columbia Bar and all other Bar Associations of which you are a member?

Yes                      No

If no, please explain:

Area(s) of expertise:

Do you have experience working with homeless or low-income clients?

Yes                      No

If yes, please explain:

Please share why you would like to volunteer at WLCH:

## **Referral Volunteers**

Please check all areas of law in which you have expertise and are willing to receive referrals:

Public Benefits

Employment

Mental Health

Family Law

Taxes

Immigration

Landlord/Tenant

Credit/Bankruptcy

Discrimination

Housing/Shelter

Identification

Medical/Health Services

Veterans Benefits

Small Claims/Property

Personal Injury/Tort

Probate/Wills/Advance Directives

# **WASHINGTON LEGAL CLINIC FOR THE HOMELESS VOLUNTEER COMMITMENT AGREEMENT**

## **Legal Clinic Commitments**

We agree to schedule a volunteer for intake only on dates he/she indicates availability.

We agree to allow the volunteer to use the Legal Clinic's main number as a contact number and will forward all calls from the client to a number of the volunteer's choosing; we further agree not to give out the volunteer's direct number to the client without the volunteer's permission.

We agree to allow the volunteer to use the Legal Clinic's mailing address as a contact address; we further agree to forward in a timely fashion all correspondence that comes to the Legal Clinic's main office in the volunteer's name.

We agree to be available to the volunteer to answer any questions related to his or her representation of Legal Clinic clients and to strategize with the volunteer regarding the best course of action throughout each case.

We agree to keep the volunteer apprised of any developments in the law that relate to his or her representation of Legal Clinic clients and to keep all volunteers generally aware of developments in the District that may have a broad impact on our client community (e.g., establishment of new safety net or housing programs; government action regarding agency budgets; proposed shelter closings; etc.).

## **Volunteer Commitments**

I agree to attend each of my scheduled intake assignments. If an extenuating circumstance arises and I cannot attend, I agree to find a trained volunteer to replace me.

I understand that volunteering at intake means taking the cases of the clients who appear at intake if they fall within Legal Clinic case selection criteria and do not present a conflict of interest.

I agree to email or fax a copy of all intake forms and any client documents gathered at intake to my case counseling attorney at the Legal Clinic within 24 hours of intake.

I agree to follow up with my clients after the initial intake session in a timely fashion, as discussed with the client and recorded in the Plan of Action section of the intake form.

I agree to write an opening letter to each client whom I have agreed to represent in an on-going legal matter. In the opening letter, I will include a summary of the legal issues and our agreed upon plan of action. I will send a copy of my opening letter to my case counseling attorney at the Legal Clinic.

I agree to zealously advocate for every client I represent, just as I would for a paying client.

I agree to represent every client equally, without regard to my perception of his or her abilities/disabilities.

I agree to accommodate my clients' disabilities, if any, and I recognize that this may require among other things, allowing adequate time to respond to requests for documents, adjustments to meeting times and locations, etc.

I agree to put the necessary time into research, preparation and investigation of every case, as my ethical responsibilities require.

I agree to take action in a timely manner on any Legal Clinic cases that need immediate action, no matter what other work obligations I have.

I agree to communicate with every client on a regular basis regarding the status of his or her case and to copy the client on all correspondence.

I agree to keep my case counseling attorney apprised of all developments in the case and to send him or her a copy of all documents received or produced in the case.

I agree, at the conclusion of each case in which I give any legal advice or provide representation, to close the case in a timely manner with a closing letter to the client that clearly communicates the resolution of the matter, advice that was given, and advice for the future. I agree to send a copy of the closing letter to my Legal Clinic case counseling attorney.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Legal Clinic

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date