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LEGAL INFORMATION NETWORK FOR CANCER

**Attorney volunteer application**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **FIRST NAME\***  | **LAST NAME\***  |
| **EMPLOYER\***  | **TITLE\***  |
| **WORK ADDRESS\***  |
| **CITY\***  | **STATE\***  | **ZIP\***  | **COUNTY (OR N/A)\***  |
| **WORK PHONE\***  | **WORK EMAIL\***  |
| HOME ADDRESS |
| CITY  | STATE | ZIP | COUNTY (OR N/A) |
| PERSONAL PHONE  | PERSONAL EMAIL  |

***\*indicates required field***

**PRO BONO PRACTICE AREAS**

Our clients need help in many different areas.

Please let us know which areas you could assist with:

[ ]  Estate Planning/ Wills/ Advance Directives/ Powers of Attorney

[ ]  Employment

[ ]  Social Security Disability (SSI, SSDI)

[ ]  Private Insurance (health, life, LTC, disability)

[ ]  Housing

[ ]  Medicare/Medicaid

[ ]  Bankruptcy

[ ]  Family

[ ]  Debt Collection

[ ]  Mortgage Lending/ Foreclosures

[ ]  Contracts/Warranties

[ ]  Predatory Lending

[ ]  Legal Assistance to Non-Profit Organizations

**OTHER PRACTICE AREAS**

|  |
| --- |
|  |
|  |

**COMMENTS**

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**OTHER WAYS TO HELP**

Please let us know if you would be willing to help CancerLINC in other ways:

[ ]  Staff Special Events

[ ]  Speakers Bureau (Rep. CancerLINC at speaking engagements)

[ ]  Serve on the Pro Bono Committee

[ ]  Serve on the Development Committee

[ ]  Marketing and Public Relations Projects

[ ]  Serve as a Pro Bono Liaison to CancerLINC Client Services Attorney

Other specialty areas/ areas of interest you may be able to help with:

|  |
| --- |
|  |
|  |

Area(s) of Virginia you can serve (list by city/county):

|  |
| --- |
|  |
|  |

Foreign languages spoken:

|  |
| --- |
|  |
|  |

Do you have an active VA law license? [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| VA State Bar ID # |  | Date of Admission |  |

Please list any other states in which you are actively licensed (State, ID No., and Admission Date):

|  |
| --- |
|  |
|  |
|  |

I have legal malpractice insurance: [ ]  Yes [ ]  No

**PROFESSIONAL REFERENCES (two required):**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| Relationship |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| Relationship |  |

**I certify that I am a member in good standing of the Virginia State Bar (or “Corporate Counsel Certified”) and that I currently do not have any pending disciplinary matters.\*\***

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*\*If your VSB or Corporate Counsel status changes or professional disciplinary actions are brought against you by any professional board or regulatory body you must notify LINC at the address below within 24 hours of the change in status or before accepting a referral, whichever is sooner. Failure to abide by this policy will result in removal from the CancerLINC volunteer network.***

**E-MAIL, FAX OR MAIL FORM TO:**

Beth Browning

CancerLINC

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Beth.Browning@cancerlinc.org

Phone: 804-562-0371, x103

Fax: 804-918-0946