



# VOLUNTEER INFORMATION SHEET

LevittQuinn Family Law Center provides equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application form and for your interest in volunteering with us.

## YOUR CONTACT INFORMATION

NAME:

EMAIL:

PHONE :

ADDRESS:

CITY:

STATE:

ZIP:

Do you have fluency in any language other than English?

If yes, please specify language(s) and level(s) of fluency (written, spoken, etc.)

Have you ever been convicted for violation of any laws, traffic or otherwise?

If yes, please explain

Do you have any limitations on the types of activities you can perform?

If yes, please explain

How did you hear about us?:

Website

Current Volunteer

LQ Employee

College/University

Event

Other

Tell us why you want to volunteer at LevittQuinn:

Date Available to Start

How long can you commit to volunteering?

Once  
Occasionally  
Weekly

Hours and Days you are Available

AM (8:30AM - Noon)  
PM (1 PM - 5:30PM)

Mon AM  
Mon PM

Tues AM  
Tues PM

Wed AM  
Wed PM

Thurs AM  
Thurs PM

Fri AM  
Fri PM

Please provide any additional information here

**FOR ATTORNEYS ONLY**

Are you licensed to practice law in California?

Cal Bar No. (if applicable)

**FOR LAW STUDENTS ONLY**

Actual or Anticipated Graduation Date

Anticipated Bar Exam Date (if applicable)

### Agreement and Signature

By submitting this application, I affirm that the information I provide above is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature (type name)

Date

Email a completed copy of this form to [volunteer@levittquinn.org](mailto:volunteer@levittquinn.org) along with your resume. A cover letter is optional.