

APPLICATION TO VOLUNTEER WITH LEVITT & QUINN

Levitt & Quinn 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.

Contact Information:

NAME:		EMAIL:	
ADDRESS:	·		
CITY:		STATE: ZIP:	
OTHER NA	AMES YOU USE/HAVE US	ED IN THE PAST:	
	nave fluency in any lang f fluency (written, spoke		If yes, please specify language(s) and
Have you	ever been convicted for	r violation of any laws, traffic or	otherwise? If yes, please explain:
Do you ha	ave any limitations on th	ne types of activities you can per	form? If yes, please explain:
How did y	you hear about us?		
	Website	Current Volunteer	LQ Employee
	College/University	Event	Other

How often can you commit to volunteering?		
Once Occasionally Weekly		
8:30 to noon; PM hours are 1 PM to 5:30 PM):		
1 Thu AM Fri AM		
1 Thu PM Fri PM		
Cal Back London ("Canadian land)		
nia? Cal Bar Number (if applicable)		
Anticipated Bar Exam Date (if applicable):		
Formation I provide above is true and complete. I understand ements, omissions, or other misrepresentations made by messmissal.		
Date:		

Tell us why you want to volunteer at Levitt & Quinn: