



Volunteer Application

Name: _____

Phone: _____

Address: _____

E-mail: _____

1. Category

- | | |
|--|--|
| <input type="checkbox"/> Law Student | <input type="checkbox"/> Paralegal Student |
| <input type="checkbox"/> Law Student with Intern License | <input type="checkbox"/> Legal Assisting Student |
| <input type="checkbox"/> Law Graduate awaiting Bar Exam | <input type="checkbox"/> College student |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Other: _____ |

2. What type of volunteer work are you interested in?

3. What skills do you have to offer Community Legal Aid Services?

4. When are you available to start?

5. What is your end date?

6. How many hours per week are you available to volunteer?

7. At which of our offices would you like to volunteer? Check all that apply.

- Akron Warren Youngstown Canton

8. Have you ever been a client of Community Legal Aid Services? Yes No

9. Please attach a copy of your resume.

10. Please attach contact information for at least 3 references.

Mail, fax or e-mail your completed application, resume and references to:

Zoeann Powell · Community Legal Aid Services · 50 South Main St, Suite 800 · Akron, OH 44308

Phone: (330) 983-2551 · Fax (330) 983-2680 · volunteer@communitylegalaid.org

Community

LEGAL AID

Consumer Report and Background Check Authorization

I authorize Community Legal Aid Services, Inc. (CLAS) to obtain a background check and/or consumer report for grant compliance purposes. I understand that the inquiry may include: credit history, criminal records, motor vehicle reports, address verification, social security verification and civil court records. An inquiry may be made within thirty (30) days of the date of signing below. A copy of the report will be given to me. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681b(b)(2)(B).

I acknowledge receipt of a separate disclosure that a consumer report may be obtained. I hereby authorize a copy of my consumer report from a consumer reporting agency to be released to Community Legal Aid Services, Inc.

Full Name: _____

SSN: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Have you ever been a client of CLAS or been involved in a case with CLAS? Yes No

Signature

Date



Important Notice: Consumer Report Required

In making this application for employment or volunteering, it is understood that a copy of a consumer report prepared by a consumer reporting agency, also known as a credit report, may be obtained as a part of a routine background check.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation.

Before taking any adverse employment action based on the consumer report, including denying employment, Community Legal Aid Services, Inc. will provide to you, without charge, a copy of the report plus a written summary of consumer rights under the Fair Credit Reporting Act.

This notice is for you to keep.