



## **Volunteer Application**

Gulfcoast Legal Services, Inc.  
501 First Avenue North, Suite 420  
Saint Petersburg, Florida 33701  
Phone: 727-821-0726 Fax: 727-231-0935  
E-mail: [annam@gulfcoastlegal.org](mailto:annam@gulfcoastlegal.org)

### **Personal Contact Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Other): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

### **Current Employment Information:**

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Current Position Held: \_\_\_\_\_

**Volunteer Attorneys:**

Are you currently a member of any state bar association?  Yes  No

If you answered "Yes," please indicate the state in which you are a member: \_\_\_\_\_

Are you currently a member in good standing?  Yes  No

Please list your Bar Number: \_\_\_\_\_

**Non-Attorney Volunteers:**

Have you been cleared of a Level II background check in the last five (5) years?  Yes  No

If you answered "No," would you be willing to get a Level II background check?  Yes  No

Are you below the age of 18?  Yes  No

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

**Please note that a Level II background check is required for all non-attorneys that wish to volunteer with our Elder Law Clinic.**

Have you volunteered for Gulfcoast Legal Services previously  Yes  No

If yes, date of volunteer service? \_\_\_\_\_

Confidentiality is a very important aspect of volunteering at Gulfcoast Legal Services; are you currently a volunteer with any agency or business that may result in a conflict of interest? (ie: private law firm, Guardian Ad Litem, Public Defender, or State Attorney)  Yes  No

If you answered "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_



**PLEASE ATTACH RESUME**

**Type of Volunteer Work Requested:**

Please indicate the type of volunteer service(s) you would like to perform:

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Gulfcoast Legal Services offers services in the following areas of law:

Family Law	Elder Law	Landlord Tenant
Immigration	Public Benefits	Domestic Violence
GLS-Child	Taxation	Birth Certificates/ID Program
Human Trafficking	Foreclosure/Housing	Citizenship

What area(s) of law would you like to volunteer in, or may we place you on a rotating list?

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If you are not an attorney or paralegal, would you consider volunteering for support staff type duties, such as answering phones, photocopying, filing . . . etc.?  Yes  No

How many hours a week would you like to volunteer? \_\_\_\_\_

If not on a weekly basis, how many total hours would you like to volunteer? \_\_\_\_\_

Are you receiving **CLASS** credit for your volunteer time?  Yes  No

**Skills and Qualifications:**

Please attach to this volunteer application a current copy of your resume.

**References:**

List the names and telephone numbers of three (3) references not related to you.

<u>Name</u>	<u>Telephone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Certification:**

“I certify that the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for my inability to volunteer on behalf of Gulfcoast Legal Services. I hereby authorize former and present employers/volunteer organizations, except as I have otherwise indicated on this application, to provide or verify any information that they may have regarding me, my employment and/or volunteer service with them to Gulfcoast Legal Services and release them from any liability arising from the furnishing of any employment/volunteer information.”

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pro Bono Coordinator

\_\_\_\_\_  
Date

**Volunteer Statement:**

“It is my desire to further the work of Gulfcoast Legal Services by performing services as a volunteer. In my service, I will do my best to uphold the standards of Gulfcoast Legal Services and its testimony in the community.”

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pro Bono Coordinator

\_\_\_\_\_  
Date

**Volunteer Release:**

“I hereby release, indemnify, and hold harmless Gulfcoast Legal Services, the organizers, sponsors, and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence) in any volunteer event. I likewise hold harmless from liability any person transporting me to or from any event or activity. In addition, Gulfcoast Legal Services has permission to utilize any photographs or videos taken for publicity purposes.”

\_\_\_\_\_  
Volunteer Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date