

**MSBA'S Lawyer Assistance Program
Volunteer Application**

Contact Information (please print)

Name: _____
Address: _____
Phone #: _____
Cell #: _____
E-mail: _____

During which hours are you available for volunteer training sessions (check all that apply)

- | | |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekend Mornings |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Evenings |

How many hours a month would you like to volunteer?

- 1 ~ 4 Hours per Month
 5 ~ 10 Hours per Month
 + 10 Hours per Month

Volunteer Opportunities

I would like to help lawyers who want assistance with these issues: (check all that apply)

- | | |
|---------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Alcohol/Chemical
Dependency | <input type="checkbox"/> I would like to help with LAP
Events |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Career Transition |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Gambling Addiction | <input type="checkbox"/> Physical Illness |
| <input type="checkbox"/> Internet Addiction | <input type="checkbox"/> Law Student Outreach |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Sex Addiction | |

Your Skills and Qualifications

Summarize your applicable experiences, skills, and qualifications for serving as a volunteer. This can include your employment experience, previous volunteer experience, educational background, personal experience, or any other information you would like us to know about you.