

Eastside Legal Assistance Program Volunteer Application Form

Instructions

- Enter the requested information in the space provided using Acrobat Reader. If you do not have Acrobat Reader, download and install it from www.adobe.com web site.
- Save the form for your records.
- Return the form along with a resume by email to director@elap.org, or by fax to (425) 747-7504, or by mail to Eastside Legal Assistance Program, 1510 140th Ave NE, Suite 110, Bellevue, WA 98005.

Date					
Last Name		First Name			
Address					
City		Zip			
Home Phone		Cell Phone			
Email					
Current Occupation					
Current Employer					
Work Phone					
Previous work experience					
Other organizations where you have volunteered					
Previous volunteer experience					
Highest Education		<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="checkbox"/> Graduate / Professional	
Skills (Select all that apply.)					
<input type="checkbox"/>	Clerical / Data Entry		<input type="checkbox"/>	Receptionist	
<input type="checkbox"/>	Volunteer Mgmt		<input type="checkbox"/>	Event Mgmt	
<input type="checkbox"/>	Paralegal		<input type="checkbox"/>	Training	
<input type="checkbox"/>	Computer	What Type?			
Language(s) spoken					

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Prior Criminal Convictions		No		Yes						
If yes, describe.										
References Personal										
Name		Phone		Email						
Name		Phone		Email						
References Professional										
Name		Phone		Email						
Name		Phone		Email						
Reason for Volunteering with ELAP										
How did you hear about ELAP?										
Volunteer Opportunities (Select areas of interest.)										
	Backup Clinic Coordinator			Data Entry						
	Office Assistant			Legal Advice Clinic Manager						
	Communications Assistant			New Media Assistant						
	Fundraising Sponsorship Assistant									
Days available		M		T		W		Th		Fri
Hours Available		9 – 12		12-3		3-6		6 – 9		
In Case of an Emergency										
Contact					Phone					

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Name / Signature: _____ Date: _____