

MHLHC Volunteer Lawyer Interest Form

Name: _____

Daytime Telephone: _____

Date: _____

Other languages spoken: _____

Email: _____

Please note that by providing your email address and telephone number you consent to receive calls and emails from MHLHC staff and volunteers for the purpose of scheduling and clinic updates.

What makes you interested in volunteering at the Medicine Hat Legal Help Centre?

I am interested in volunteering:

As a lawyer in the evening legal clinics (first and third Tuesday of every month)

As an administrative volunteer in a capacity outside regular evening legal clinic

As a lawyer in a capacity outside regular evening legal clinics

As an administrative volunteer in evening legal clinics

The following section is for volunteer lawyers only

Years of practice: _____

Current Law Society status: _____

Area of practice: _____

Legal assistant's email: _____

Current law firm: _____

Legal assistant's phone: _____

Types of legal matters comfortable assisting clients with (volunteer lawyers are typically given at least 4 days to review matters before they see the client):

Family

Landlord Tenant

Civil

Wills/Estates

Criminal

Employment

Immigration

Debt

Name (please print)

Signature

Date