

Volunteer Application

Legal Aid Society of the Orange County Bar Association, Inc.

100 E. Robinson St. Orlando, FL 32801
Tel: (407) 841-8310 Ext-3156 | Fax: (407) 843-9713

FOR OFFICE USE ONLY:

Orientation: ____/____/____
 Bar Clearance? YES NO
 Start Date: ____/____/____
 Hired As: _____
 AM Days: Mon – Tue - Wed - Thu
 PM Days: Mon – Tue - Wed - Thu
 Last Day: ____/____/____

Name: _____
Last First Middle Maiden

Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Phone: Home (____) _____ **Work** (____) _____ **Alternate** (____) _____

E-mail Address: _____ **Male / Female**

SSN: _____ **Drivers License #:** _____ **Exp.** ____/____/____

Date of Birth: _____ **Place of Birth (City, State):** _____

Please list the people (including children) residing in your household:

Name	Date of Birth	Sex	Relationship

What languages do you speak other than English? _____

Do you own a vehicle or have a vehicle available to you? Yes No

Do you have a current car insurance policy? Yes No

What type of car do you drive?

Year _____ Make _____ Model _____

What is your tag number? _____ Color _____

Have you had any traffic violations within the last three years? Yes No

Have you ever been arrested*? Yes No if yes, explain: _____

What name were you arrested under? _____

Dates of arrest: _____ Where? _____

Have you been convicted of a crime? Yes No if yes, explain: _____

Dates of convictions: _____ Where? _____

***A prior conviction will not necessarily exclude you from serving as a volunteer.**

EDUCATION (Please specify the number of years completed):

High School _____ College _____ Graduate _____ Vocational Training _____

Are you currently attending school? Yes No If yes, where? _____

VOLUNTEER EXPERIENCE:

Have you ever been a Volunteer? Yes No If yes, please answer the following:

Agency: _____ Dates: _____ to _____

I am currently volunteering for this agency.

Agency: _____ Dates: _____ to _____

I am currently volunteering for this agency.

EMPLOYMENT:

Are you currently employed? Yes No Where? _____

What is your position? _____ Full or Part-Time: _____

PERSONAL REFERENCES: (Please list two, including at least one non-relative.)

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

EMERGENCY INFORMATION:

Emergency Contact	Address	Phone Number	Relationship
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Physician Name	Address	Phone Number
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EMERGENCY MEDICAL INFORMATION: Please list allergies, current medication, prior medical conditions, etc.:

DESIRED POSITION AND SHIFTS:

Client Interviewers: Interviewers are responsible for in-person interviewing of perspective clients to procure important information about their case. The interviewers meet with clients in confidential interview rooms, collect information, and present the information collected to the on-duty attorney for review.

Client interviews are done Monday, Tuesday, and Wednesdays from 8:30am – 12:00pm

Phone Screeners: Phone screeners are responsible for taking initial calls for legal assistance, determining whether perspective clients meet our guidelines for service, and scheduling appointments for clients qualifying for legal assistance.

Phone screening is conducted Monday – Thursday 9:00am – 12:00pm & 1:30pm – 3:00pm

Clerical Volunteers: Clerical volunteers come into the office and assist the intake department with scanning and attaching documents and other clerical work during normal business hours (Monday – Friday 8:00am – 5:00pm)

Which positions and shifts are you interested in?

Interviewing (8:30am – 12:00pm)

Desired Shifts: Monday Tuesday Wednesday

Phone Screening (Morning Shifts are 9am-12; Afternoon Shifts are 1:30pm-3:00pm)

Desired Shifts: Morning: Monday Tuesday Wednesday Thursday

Afternoon: Monday Tuesday Wednesday Thursday

Clerical

How long do you plan on working with us?

- One Semester (Students) 4-6 Months 6mo-1year One year or more

How much time per week will you be able to contribute? _____ Hours

How did you learn of Legal Aid Society Volunteer Program? _____

Please state briefly why you are interested in volunteering at the Legal Aid Society:

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE LEGAL AID SOCIETY

Legal Aid Society of the Orange Co. Bar Association
Volunteer Background Screening Disclosure and Authorization

DISCLOSURE

The Legal Aid Society of the Orange Co. Bar Association (LASOCBA) discloses to you that an investigative consumer inquiry and criminal background check may be obtained as part of the pre-screening background check process. This information will be gathered to verify the information provided on your volunteer application and ensure you have no criminal history that would bar you from volunteering in our office.

This report may include information regarding character compiled from credit bureaus, court records, DMV records, and any other source required to verify information you have voluntarily supplied. Additionally, LASOCBA discloses to you that we may contact the current employer and/or personal references listed on your volunteer application for the purpose of gathering information regarding your character and general reputation.

AUTHORIZATION

This shall authorize the procurement of an investigative consumer report and criminal background check as part of the pre-screening background investigation. This authorization shall remain on file and shall serve as an ongoing authorization for LASOCBA to procure the aforementioned reports at any time during my affiliation period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment, educational background, criminal history, character and personal reputation.

I understand that I have the right to obtain a copy of the report upon request. Requests should be made in writing to: **IntelliCorp Records, Inc. 3000 Auburn Drive, Suite 410, Beachwood, OH 44122.**

I understand this authorization will authorize all corporations, companies, former employers, supervisors, credit agencies, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the LASOCBA.

This release is executed with full knowledge that the information obtained is for official use by LASOCBA.

Signature _____

Print Name _____

Date ____/____/____ Social Security Number _____ - _____ - _____

Date of Birth ____/____/____ SEX: Male Female

Current Address _____

City/State _____

Zip Code _____ - _____