

**CHASE LAW ADVOCATE PROGRAM
REGISTRATION**

NAME: _____ EMAIL: _____

ADDRESS: _____

TELEPHONE: _____ YEAR IN LAW SCHOOL: _____

DAY _____ EVENING _____

AREAS OF INTEREST FOR VOLUNTEER WORK:

- | | |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Pro Se Divorce Clinic | Volunteers assist clients in a clinic setting with divorce pleadings. |
| <input type="checkbox"/> Wills & POA Clinic | Volunteers assist clients in a clinic setting with preparation of simple wills/ POA/living wills. |
| <input type="checkbox"/> Hispanic Outreach Clinic | Volunteers assist Hispanic clients in a clinic setting with various legal needs or concerns. |
| <input type="checkbox"/> Elder Law | Volunteers assist attorneys with various projects including counseling clients and providing information on public benefits for senior citizens |

*Note: -Volunteers are supervised by Legal Aid staff attorneys and private Pro Bono attorneys.
-Training is provided.
- Volunteers agree to maintain confidentiality of client information.

Dated: _____ Signature: _____

May we include your name in a published list of those who have contributed time to the Chase Law Advocate Program?

Yes No

MAIL, FAX, or EMAIL:

Attn: Katherine Adams
Legal Aid of the Bluegrass
104 E. 7th Street
Covington, KY 41011

FAX: (859) 431-3009 **EMAIL:** kadams@lablaw.org