

Pro Bono Service Program
Nunn Hall Suite 314
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PRO BONO PLACEMENT CONFIRMATION AGREEMENT

Instructions: Once you select a placement for pro bono service, it is your responsibility to meet with the contact person or supervisor to discuss the assignment you will work on. At that meeting, this form should be completed and signed. **THIS FORM SHOULD BE SUBMITTED TO THE PRO BONO PROGRAM OFFICE WITHIN 10 DAYS OF SIGNATURE.**

Student Name: _____ Anticipated graduation year _____

Division: _____ (Day or Evening)

Address: _____ Zip Code: _____

(City, State)

Telephone Number: _____ Email: _____

Placement Name: _____

Address of Organization: _____

Supervisor's Name and Title: _____

Phone: _____ Fax: _____ Email: _____

Contact Person's Name and Phone (if different from Supervisor): _____

Brief Description of Assignment: _____

Number of training hours? _____ (maximum of 5 hours count toward 50 hour requirement)

Number of hours (excluding training) committed for the assignment? _____

Start Date: _____

Anticipated End Date: _____

I agree to comply with the guidelines of the Pro Bono Service Program and to perform all tasks in a professionally responsible manner.

Student Signature: _____

Date: _____

I agree that this student will receive professional supervision. I acknowledge that this student has not been admitted to the bar and cannot represent or provide legal advice to the organization or its clients.

Supervisor Signature: _____

Date: _____

Student should make a copy of the signed agreement for their records.