

# VOLUNTEER APPLICATION

**INSTRUCTIONS:** *Please complete in full and return with a current resume.* The information requested in this form is required for provision of professional liability insurance coverage by the Center. This information will be relied upon for the assignment of cases and volunteer responsibilities. For attorneys, your information on license status will be confirmed and periodically reviewed based on your State Bar of California record.

**WE ARE CURRENTLY ACCEPTING VOLUNTEERS WHO MEET ONE OR MORE OF THE FOLLOWING CRITERIA:**

- Attorney
  Law Student/Law Graduate
  Spanish Speaker  
 Certified Paralegal

Name:		
Name of Firm/Business:		
Mailing Address ( <input type="checkbox"/> home <input type="checkbox"/> business):		
City:	State:	Zip:
Email:		
Work Phone:	Home Phone:	Cell Phone:
Emergency Contact Name:		Emergency Contact Phone Number:
Other Languages Spoken:		Do You Know American Sign Language:

## PROFESSIONAL STATUS

<input type="checkbox"/> CA Licensed Attorney	CA Bar Number:	Law School Attended:	Year Admitted:
<input type="checkbox"/> Out of State Attorney	Bar Number:	Law School Attended:	Year Admitted:
<input type="checkbox"/> Certified Paralegal	College/Program Attended:		Year Graduated:
<input type="checkbox"/> Law Student/Law Graduate,	Law School Attended:	Year Graduated:	

Current Employer:	Number of Years Employed:
Current Occupation:	Full Time or Part Time Employment:

## FAMILY LAW EXPERIENCE

<input type="checkbox"/> None <input type="checkbox"/> Some/moderate <input type="checkbox"/> Primary family law practice <input type="checkbox"/> Certified family law specialist
Number of Years in family law: from _____ to _____
Number of family law trials conducted _____ Number of stipulated agreements _____
Number of default judgments obtained _____ Number of OSCs conducted _____
Types of cases handled: <input type="checkbox"/> dissolution <input type="checkbox"/> paternity <input type="checkbox"/> custody <input type="checkbox"/> support <input type="checkbox"/> pension <input type="checkbox"/> Other _____

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## AVAILABILITY

It is expected that when scheduled, volunteers will be able to stay for the duration of the appointment which may last from 4 to 6 hours. We have a limited amount of four hour appointment slots available. Using the chart below, please circle the time that you will be available to volunteer. The information you provide will be used for scheduling purposes. Where possible, we will always try our best to work with you and your schedule!

Tuesday	9:00 am – 4:00 pm	9:00 am – 2:00 pm
Wednesday	9:00 am – 4:00 pm	9:00 am – 2:00 pm
Thursday	9:00 am – 4:00 pm	9:00 am – 2:00 pm
Friday	9:00 am – 4:00 pm	9:00 am – 2:00 pm
Saturday	9:00 am – 4:00 pm	9:00 am – 2:00 pm

<b>Volunteer Commitment:</b>	50 hours of office pro per assistance within 12 months following training and/or acceptance of one case for full representation* or acceptance of two cases for limited scope representation within 12 months following the training. *Available only for California attorneys, based on requisite experience and skills.
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## FREQUENCY OF AVAILABILITY

I am available to volunteer: <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a month <input type="checkbox"/> More then once a month  <input type="checkbox"/> Other: _____ <input type="checkbox"/> I'm available for emergencies
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## WHY DO YOU WANT TO VOLUNTEER AT THE BUHAI CENTER?


## PLEASE DESCRIBE YOUR PREVIOUS VOLUNTEER EXPERIENCE:


## CONFIDENTIAL BACKGROUND INFORMATION

Do you have any criminal convictions other than minor traffic offenses? If yes, please specify:  (affirmative answer to this question will be evaluated on a case by case basis)
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*I have read the information provided and seriously considered my volunteer commitment to the Center.*

I agree to provide 50 hours of pro per legal counseling and advice at the Center and/or I accept a minimum of two pro bono cases for representation within the next 18 months.

*I agree to abide by the policies and procedures for cases developed by the Center's Board of Directors and Staff. I agree to handle all cases in a highly professional and completely confidential manner. I agree that all information I have provided to the Center is true and correct and will be updated as soon as it changes.*

**Please sign and date below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: acceptance of applicants to volunteer remains at the discretion of the Center.*

**Harriett Buhai Center for Family Law  
Confidentiality and Conflicts of Interest Pledge**

The Harriett Buhai Center for Family Law (Center) relies upon the following statutes and codes in establishing this agreement, including but not limited to the California Rules of Professional Conduct and the California Business and Professions Code. If you are unable to abide by the terms set forth below, please refrain from signing this agreement and inform the Volunteer Coordinator or Pro Bono Manager. Regrettably, we may not be able to have you participate in the volunteer program.

**Duty of Confidentiality:**

1. I understand that the Center is a nonprofit law firm formed to provide free legal services to indigent persons. Because the Center provides legal advice to its clients, the Center is bound by the duty of confidentiality and performs a conflict check on all clients. All information gathered at the Center by any individual operating under its auspices in any capacity must be kept strictly confidential. The duty of confidentiality applies to all staff and volunteers.
2. I understand that the duty of confidentiality applies to me because everyone who provides services at the Center, both lawyer and non-lawyer alike, function under the scope of professional responsibility of the Center, as set forth in the California Rules of Professional Conduct.
3. I understand that confidentiality is necessary for the integrity of the legal process because trust is essential for open communication between lawyer and client, which facilitates effective assistance and representation.

Example:

- a. If a client reveals that they committed a crime in the past, the volunteer may not report this crime to authorities or discuss it outside the Center with anyone. Additionally, if a client discusses business plans or financial circumstances with a volunteer, this information cannot be used by the volunteer in any way outside of the Center and cannot be shared with other clients or individuals.  
  
In fact, the only time information learned by a volunteer can be used is to prevent a client from committing a future crime that the volunteer believes will result in serious bodily injury or death to themselves or another individual. All other information should be kept strictly confidential, not to be discussed in any public place or to report any past criminal

action. Before revealing this confidence, the volunteer must discuss it with a supervising staff attorney.

**Mandatory Reporters and Others:**

4. I agree that anything I witness, learn, hear, or work on while at the Center will be held confidential and not be used for any other purpose at any time, even if I am a mandated reporter or have other professional duties that conflict with the duty of lawyer-client confidentiality.
5. I understand that while providing services for the clients of the Center and/or performing any other work, any responsibilities I have in my professional capacity or like employment or duty are subordinate to the Center's primary duty of confidentiality of attorney-client communication and may never be used or acted upon.
6. I agree that while volunteering at the Center, any mandatory reporter's duty to report an incident is suspended. Mandatory reporters cannot report any incidents learned about while volunteering at the Center due to the duty of confidentiality, as explained above.

Example:

- a. Mandated reporters have a duty to report known or suspected child abuse or neglect while acting in their professional capacity. For example, a teacher or DCFS case worker is a mandatory reporter. If teachers or DCFS case workers are volunteering at the Center, they are not permitted to make reports regarding suspected child abuse. This is both because the mandatory reporter's duty does not attach when acting outside professional capacities and because the Center has a duty of confidentiality toward all clients.

**Conflicts of Interest:**

7. I understand that because I am operating under the auspices of the Center that I must abide by the rules governing conflicts of interest for lawyers. Specifically, I understand that I cannot help adverse parties when the information I received or learned at the Center in the course of my service from one party will or might affect the way I assist the other person, except as permitted under California Rule of Professional Conduct 1-650.
8. I understand that California Rule of Professional Conduct 1-650 only protects me from identifying conflicts if I am a) an attorney providing short-term limited legal services to a

client through the Center, b) both the client and I understand that I will not continue representation, and c) I do not know of a conflict I or someone from my firm has with the client.

### **Concurrent Representation**

9. I understand that if an individual that is a spouse or other parent of the Center's client asks me to assist him or her while I am still aiding or plan to aid a current client of the Center, whether on the same case or something unrelated, that I will not aid the second individual.
10. I understand I cannot aid the second individual because of the Center's duty of loyalty to the first client and the need for the first client to have confidence that the Center and I will maintain his or her secrets, except as provided by California Rule of Professional Conduct 1-650.

#### Example:

- a. Volunteers cannot assist parties with adverse interests at the same time. If, for example, a volunteer is aiding the father in the dissolution of his marriage in private practice or at another agency, the volunteer may not also aid the mother in the same dissolution action as a volunteer at the Center. This creates a conflict of interest because it would be impossible for the volunteer to remain loyal to and maintain the confidences of both clients.

### **Successive Representation**

11. I understand that if a new individual brings me a case adverse to a former client whom I aided at the Center that I will not accept the case if it breaches the Center's duty of confidentiality to the former client. In other words, I will not aid the successive individual if it is possible that the information I received from the former client will affect the way I help the proposed successive client, except as provided by California Rule of Professional Conduct 1-650.
12. I agree that I will never use the information I receive at the Center in providing help to the opposing party and that, to the extent possible, I will recuse myself from representing, giving legal advice, or assisting such individuals.

Example:

- a. If, for example, the volunteer assisted or represented the wife in a dissolution action, then the volunteer cannot help or represent the father if the father comes to the volunteer for assistance with a dissolution of another marriage. A conflict of interest exists because the volunteer learned confidential information about the wife in the first action which may still be adverse to the father's interests. However, the volunteer could represent the father's second wife, as the two wives do not have adverse interests.
- b. If the parties are unrelated, volunteers can represent opposing interests. For example, representing a domestic violence victim in one case does not preclude a volunteer from representing someone accused of committing domestic violence in another if the parties are unrelated.

**Solicitation by Harriett Buhai Center Clients**

- 13. I understand that if a current Harriett Buhai Center client asks me to represent him or her for a fee, then I will decline this request and inform the client that I am unable to perform this request.

I have read and I agree to the above conditions.

\_\_\_\_\_  
Name of Volunteer/Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer/Staff

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date