

Jenny Chou, Esq. - Project Coordinator

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VOLUNTEER APPLICATION

Today's Date ____/____/____

Last Name _____

First Name _____

Address _____

Apt. _____

City _____

State _____

Zip code _____

Home Phone _____

Cell Phone _____

Place of Business _____

Work Phone _____

Email _____

Educational Status & Name of School _____

Sex Male Female

Date of Birth ____/____/____

Languages Spoken _____

Computer Skills _____

Start Date ____/____/____

End Date ____/____/____

What is your availability (times/days/hours per week)?

What do you want your volunteer experience to include?

What can you contribute to the mission of the EdLaw Project as a volunteer?

If you plan to receive credit(s) from your educational institution for your work with the EdLaw Project, please complete this section.

Name of Educational Institution: _____

Level/Year in School: _____

Major Course of Study: _____

Student ID Number: _____

Name & Code of Course Connected to Internship: _____

Credit Amount Expected: _____

Professor/Teacher of Course: _____

Contact Person for Internship (if different): _____

Contact Person's Telephone Number: _____

Contact Person's Email Address: _____

If you plan to receive work/study payments for your work with the EdLaw Project, please complete this section.

What is your work/study grant amount? _____

Grant Period Start Date: ____/____/____

Grant Period End Date: ____/____/____

If you are a law student or volunteer attorney, please complete this section.

Are you SJC Rule 3:03 certified? YES NO

If not, when will you be SJC Rule 3:03 certified? ____/____/____

Are you SJC Rule 3:04 certified? YES NO

Thank you for your interest in the EdLaw Project!