



VOLUNTEER APPLICATION

COMPLETE AND RETURN TO:
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<i>FOR INTERNAL USE ONLY</i>	
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PLEASE ATTACH A CURRENT RESUME AND COVER LETTER

GENERAL INFORMATION

NAME:		Last	First	Middle
ADDRESS:		Street	City	Zip Code
EMAIL:		TELEPHONE: _____		
POSITION:	<input type="checkbox"/> Intern <input type="checkbox"/> Law Clerk <input type="checkbox"/> Post-Bar Fellow <input type="checkbox"/> Paralegal Intern <input type="checkbox"/> TAP Attorney			
EDUCATION:		YEAR OF STUDY:		
	High School/University/Law School/Other Program			Current/Entering Year

If enrolled in a law school accredited by the American Bar Association or the State Bar of CA you may qualify to be a certified law clerk.

CURRENTLY ENROLLED IN OR COMPLETED:
 EVIDENCE
 CIVIL PROCEDURE

PROGRAM INFORMATION

SESSION:
 Fall (August – December)
 Spring (January – May)
 Summer (May – September)

START DATE: _____ **END DATE:** _____

AVAILABILITY HOURS OF OPERATION 8:00AM to 5:00PM <small>16 HOUR MINIMUM REQUIREMENT</small>			TOP 5 UNITS <small>PLEASE RANK IN ORDER OF PREFERENCE</small>
DAY	START TIME	END TIME	
<input type="checkbox"/> Monday	AM	PM	1.
<input type="checkbox"/> Tuesday	AM	PM	2.
<input type="checkbox"/> Wednesday	AM	PM	3.
<input type="checkbox"/> Thursday	AM	PM	4.
<input type="checkbox"/> Friday	AM	PM	5.

CITY ATTORNEY VOLUNTEER APPLICATION (CONT.)

BACKGROUND INFORMATION (PART 1)

Have you ever been involuntarily released for a volunteer position, internship, externship or employment position, or resigned in lieu of being involuntarily released? YES NO

If "YES", please explain: _____

BACKGROUND INFORMATION (PART 2)

DATE OF BIRTH: _____/_____/_____ **SOCIAL SECURITY NUMBER:** _____

DRIVER'S LICENSE/ID #: _____ **STATE ISSUED:** _____ **EXPIRATION DATE:** _____

ARE YOU UNDER THE AGE OF 18: Yes No

NOTIFICATION ON REQUEST FOR SOCIAL SECURITY NUMBER: Federal law requires that you be informed about any request for your Social Security Number. The City of Los Angeles requests the disclosure of your social security number for the limited purpose of performing a criminal background investigation. If you choose to volunteer, your social security number will be requested on a form entitled Request for Live Scan Service. The disclosure of your social security number is voluntary; however, your failure to provide this information for purposes of facilitating the criminal background investigation shall result in the termination of any consideration of your volunteer application.

DIVERSITY & INCLUSION INFORMATION (OPTIONAL)

AGE: 14-18 19-25 26-35 36-45 46-55 56-65 65+

GENDER: Female Male Non Binary

RACE: American Indian/Alaska Native Asian/Pacific Islander African American/Black
 Hispanic/Latino Middle Eastern White/Caucasian Other

DO YOU IDENTIFY AS PART OF THE LGBTQ+ COMMUNITY: Yes

DO YOU IDENTIFY AS A PERSON WITH A DISABILITY: Yes

ARE YOU THE FIRST IN YOUR FAMILY TO ATTEND COLLEGE: Yes

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UNIT: _____ **LOCATION:** _____

SUPERVISOR: _____ **VOL COORD:** _____

INTVP: _____