



Confidential Summer Law Student Application

Please return with a copy of your résumé to:
Human Resources Department
1102 Crenshaw Blvd., Los Angeles, CA 90019
Fax: (323) 801-7945 or E-Mail to
summerstudent@lafla.org.

This application is for law students who would like to apply for LAFLA's Summer Law Clerk Program.

Name: _____
First *Last*

Home: _____
_ *Street Address* *Apartment/Unit #*
____ *City* *State* *Zip Code*

Phone: () _____ E-Mail: _____

Work: _____
_ *Employer*
____ *Street Address* *Suite #*
____ *City* *State* *Zip Code*

Phone: () _____ E-Mail: _____

Privacy

May we leave messages for you on your phone? Yes__ No__
Do you consent to having your LAFLA volunteer status made public? Yes__ No__

Language Fluency

Please list any languages you can understand and speak fluently. You do not have to know legal terms but should be able to describe legal concepts. _____

Conflicts

Do you have any business, family, or personal obligations (not including time availability) that could conflict with volunteering with LAFLA? Yes__ No__

Are you or, to the best of your knowledge, is any immediate family member currently a party to litigation in California? Yes__ No__

Have you or, to the best of your knowledge, has any immediate family member been a party to litigation in California during the past two years? Yes__ No__

Do you or, to the best of your knowledge, does any immediate family member plan to file a lawsuit in California? Yes__ No__

If you answered yes to any of the above, please explain on a separate sheet of paper.

Required Service

Are you volunteering to fulfill a requirement of any program? Yes__ No__

If you answered yes, please provide a written statement from the program detailing all requirements for both you and LAFLA. We must have this statement before we can process your application.

Felony/Misdemeanor Convictions

Have you ever been convicted of a felony or misdemeanor? Yes__ No__
You do not have to report arrests not followed by convictions or convictions which were annulled or expunged.

If you answered yes, please explain on a separate sheet of paper, listing the date and charge(s).

Referral Information

Have you ever volunteered with LAFLA before? Yes__ No__

How were you referred to LAFLA? _____

Availability

I can volunteer for approximately _____ weeks beginning _____/_____.
month/day

I can volunteer approximately _____ hours a week.

I am available (please circle):

Mornings:	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoons:	Monday	Tuesday	Wednesday	Thursday	Friday

I prefer the following offices and clinics (check box):

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Downtown | <input type="checkbox"/> East Los Angeles | <input type="checkbox"/> Inglewood |
| <input type="checkbox"/> Torrance | <input type="checkbox"/> Santa Monica | <input type="checkbox"/> Long Beach |
| <input type="checkbox"/> South Los Angeles | <input type="checkbox"/> West (Koreatown) | |

Certification

I certify that all statements made on this application and my résumé are true.

Signature

Date