



CHILDREN'S LAW CENTER OF MINNESOTA

450 Syndicate Street N. Ste 340, St. Paul, MN 5510

Volunteer Attorney Questionnaire

Please type or print.

Date: _____

Name: _____
(Last) (First) (Middle)

Work Address:

Firm/Company/Organization

Phone

Fax

Address

E-mail

City State Zip

E-mail

Home Address:

Address

Phone

Fax

City State Zip

E-mail

Local Bar Association: _____

MN Bar License #: _____

Years of Practice _____

Areas of Practice: _____

Foreign Languages (including sign language): _____

Would you be able to communicate effectively with a youth using only this language? ☐ Yes ☐ No

References – please list two references, both personal and professional, with relationship & phone numbers:

1. _____
2. _____

Often cases involving children take time to resolve. Will you be able to stay with a case for the duration (generally a minimum of 18 months for representation projects)? ☐ Yes ☐ No

Would you be willing to be a backup or substitute attorney for other CLC volunteer attorneys who are solo practitioners? ☐ Yes ☐ No

Experience:

1. Have you ever had work or volunteer experience in any of the following areas:

☐ **Child Welfare**

☐ **Juvenile Court**

☐ **Family Court**

☐ **School systems**

☐ **Health Care Systems**

☐ **Public Benefits/Social Security**

☐ **Delinquency/Crime**

☐ **Litigation**

☐ **Other: _____**

(e.g., estates, mental health, personal injury,)

2. Would you be interested in being placed on a referral list to take pro bono cases for CLC clients on ancillary legal matters?

☐ Criminal Representation (youth 18-21)

☐ Debt Collection

☐ Disability Discrimination

☐ Employment issues and unemployment benefits

☐ Financial Fraud

☐ Foster Parent Representation

☐ Housing matters (landlord/tenant, eviction)

☐ Immigration Representation (youth 10-21)

☐ Juvenile Commitments

☐ Juvenile Delinquency Expungement

☐ Licensing Revocation (admin law)

☐ Orders for Protection and Harassment

☐ School Discipline Representation

☐ Social Security Benefit issues

☐ Probate Matters (inheritance issues, establishing child trust-supplemental needs trusts)

VOLUNTARY ONLY:

Many third parties, such as foundations from whom we may seek donations, are now asking for statistics on Board Member, Employee, and Volunteer demographic representation. If you are willing to self-identify to assist CLC in responding to these inquiries, please complete the questions below. Your answers will be kept as confidential as possible, and information will only be provided in aggregate data about our Board, Employees, and Volunteers. Participation in this survey, will help CLC better respond to foundation requests. Thank you in advance if you choose to participate. [Self Identification Survey](#)



CHILDREN'S LAW CENTER OF MINNESOTA

450 Syndicate Street N. Ste 340, St. Paul, MN 5510

Consent for Release of Information From the Lawyers Professional Responsibility Board

The following named individual has made application for a volunteer position with the Children's Law Center of Minnesota.

Please type or print legibly.

Full Name of Applicant: _____
Last First Middle

Maiden Name: _____

Formerly Known As/Also Known As: _____

Bar License Number: _____

I, _____, hereby authorize the Lawyers Professional Responsibility Board to release to Children's Law Center of Minnesota any and all information regarding complaints, disciplinary actions and discovery history.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date



CHILDREN'S LAW CENTER OF MINNESOTA

450 Syndicate Street N. Ste 340, St. Paul, MN 5510

Consent to Conduct a Criminal Background Check

This form must be notarized. Electronic notary signatures will not be accepted.

Date: _____

The following named individual has made application for a volunteer position with the Children's Law Center of Minnesota.

Please type or print legibly.

Last Name of Applicant: _____

First Name: _____

Middle Name (full): _____

Maiden, Alias or Former Name(s): _____

Date of Birth: _____

Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Children's Law Center of Minnesota for the purpose of my volunteering as a volunteer attorney with Children's Law Center of Minnesota.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Subscribed and sworn to before me this ____ day of _____, ____.

Notary Public