



Volunteer Lawyer Enrollment Form

Date:

Volunteer Name: \_\_\_\_\_

Firm/Office Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

What type of law do you practice, or what is your preference?

Family Law

Tax & Bankruptcy

Estate Planning & Probate

Social Security & Disability Claims

Real Property

Veteran's Issues & Benefits

Consumer Law

Medicaid/Medicare

Other \_\_\_\_\_

Are you bilingual? Yes No

Which language do you speak, other than English? \_\_\_\_\_

How did you hear about Fort Bend Lawyers Care?

\_\_\_\_\_

**I would like to volunteer in the following way(s):**

**I would like to volunteer for a Saturday, Walk-in Legal Aid Clinic  
(Advice & Counsel on civil legal matters)**

**Legal Line**       **Family Law Workshop**

**I would like to represent a client with a pro bono case, in the following  
area(s):** \_\_\_\_\_

**Volunteer as needed**

Please return the completed form to:

Fort Bend Lawyers Care-310 Morton Street # 566, Richmond, TX 77469

tasha@fortbendlawyerscare.org

Office: 281-239-0015

Fax: 281-239-8123

**Thank you for supporting FBLC!**

\*FBLC is recognized by the IRS as a 501(c) 3 non-profit organization\* As a volunteer of the Fort Bend Lawyers Care, I acknowledge that all matters and discussions of the organization are strictly confidential. I acknowledge that any violation of this confidentiality agreement may subject me to disciplinary action, up to and including removal from the Fort Bend Lawyers Care organization.

*Fort Bend Lawyers Care  
Notice of Confidentiality*

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Name Date

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Signature Date