

VENTURA COURT'S SELF-HELP LEGAL ACCESS CENTER

VOLUNTEER QUESTIONNAIRE

Date:

Name: _____ Firm: _____

Address: _____ Phone: _____

_____ Fax: _____

E-mail: _____

Emergency Contact Name and Phone Number: _____

Profession: Attorney Paralegal Court Personnel Law Student Other

Number of years in practice or number of years experience in above profession: _____

Areas or fields of practice (*check all that apply*): Administrative law Business Law

Criminal law Juvenile law Alternative Dispute Resolution Family law

Elder law General Practice Real Estate Law Estate Planning & Probate

Consumer law Personal Injury Taxation Labor and Employment law

Environmental law Land Use Landlord/Tenant Guardianship Appellate

Other (*Describe*): _____

Are you a certified specialist in any field? Yes No

IF "yes," in what field(s)? _____

Are you bilingual? Yes No If "yes," what language(s)? _____

I can volunteer: once a week once a month once a year other:

I prefer: mornings (anytime between 8:00 a.m. and noon)

afternoons (anytime between 1:30 p.m. and 4:30 p.m.)

PLEASE RETURN TO:

Tina Rasnow

Coordinator, SHLA Center

Ventura County Superior Court

800 South Victoria Avenue

Ventura, CA 93009

(805) 654-3879

Fax (805) 654-5110