

LAWYER REGISTRATION FORM

Name: _____ Date: _____

Place of Employment: _____ Email: _____

Address: _____ City: _____ State: _____

Work Phone: _____ FAX: _____ Home Phone: _____

Areas of Interest:

Bankruptcy	Entertainment	Labor/Employment	Real Estate
Collections	First Amendment	Landlord/Tenant	Tax
Contracts	Immigration	Libel/Privacy	Tax-exempt status
Copyright	Insurance	Litigation/ADR	Trademarks/Patents
Corporate	Intellectual Property	Nonprofit	Trusts/Estates
			Worker's Comp.

• If you are knowledgeable in a certain area and are interested in being a CALL advisor, please let us know. Advisors often assist less experienced CALL volunteers. Please list the areas of law in which you would be interested in serving as an advisor.

• Please list all jurisdictions in which you are licensed to practice: _____

• Are you covered by malpractice insurance? _____

• How many years of experience do you have in your preferred volunteer practice area(s)? _____

• Would you be willing to mentor a law student? _____

• Would you be willing to participate in a seminar? If so, what topics? _____

• How many hours or issues would you be willing to work annually? _____

• Are there any months you would prefer not to receive referrals? _____

• Would you like CALL to send a letter to your supervisor which acknowledges your CALL volunteer service? (If so, please provide the necessary information.) _____

• Here are the names of colleagues who might also be interested in becoming CALL volunteers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please return this form by mail, email or fax to:

CALL | 20 N. Meridian St., Suite 500 Indianapolis, Indiana 46204 / Email: info@indycall.org / Fax: 317-464-5111