

# If You Can See It, You Can Be It: School Project

## ATTORNEY/ LAW STUDENT VOLUNTEER REGISTRATION

VOLUNTEER NAME \_\_\_\_\_

DID YOU VOLUNTEER WITH THE PROGRAM LAST YEAR \_\_\_\_ YES \_\_\_\_ NO

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

PREFERRED METHOD OF CONTACT: \_\_\_\_ EMAIL \_\_\_\_ PHONE

FOREIGN LANGUAGE PROFICIENCY \_\_\_\_\_

EMPLOYER/ SCHOOL \_\_\_\_\_

TYPE OF ATTORNEY \_\_\_\_\_ LITIGATION \_\_\_\_\_ TRANSACTIONAL \_\_\_\_ OTHER

WILL YOU ATTEND TRAINING? \_\_\_\_ YES \_\_\_\_ MAY 5TH \_\_\_\_ MAY 7TH  
\_\_\_\_ NO (I AM NOT A NEW VOLUNTEER)

YOUR TIME COMMITMENT IS NOT EXPECTED TO EXCEED ONE HOUR PER SCHEDULED VISIT.  
PLEASE INDICATE ALL DAYS AND TIME BLOCKS FOR WHICH YOU HAVE AVAILABILITY.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 A.M. – 10 A.M.					
10 A.M. – 12 P.M.					
11 A.M. – 1 P.M.					
12 P.M. – 2 P.M.					
1 P.M. – 3 P.M.					
2 P.M. – 4 P.M.					

ARE YOU WILLING TO MAKE MORE THAN ONE PRESENTATION: \_\_\_\_ YES \_\_\_\_ NO  
- IF YES, HOW MANY \_\_\_\_\_

**WE WILL MAKE EVERY EFFORT TO SCHEDULE YOU WITHIN OR AROUND YOUR INDICATED TIME AND DAY PREFERENCES. WE WILL NOTIFY YOU ONCE YOU HAVE BEEN SCHEDULED**

**RETURN COMPLETED FORM TO:**

**MARQUETTA J. BRYAN AT  
MBRYAN@CARLOCKCOPELAND.COM  
OR BY FACSIMILE TO (404) 523-2345**