

# WILDCAT CONSERVATION LEGAL AID SOCIETY

## ATTORNEY APPLICATION (PRO BONO SERVICES)

### APPLICANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

FIRM OR BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

I PREFER TO BE CONTACTED AT:     WORK     HOME     NO PREFERENCE

### LEGAL BACKGROUND

LAW SCHOOL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

AREA OF SPECIALIZATION: \_\_\_\_\_

CIVIL LAW                       WILDLIFE/CONSERVATION LAW                       LEGISLATION

CRIMINAL LAW                       IN-COURT TRIAL EXPERIENCE                       LOBBYING EXPERIENCE

### BAR MEMBERSHIP(S)/ REGISTRATION

STATE: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_ STATUS: \_\_\_\_\_

STATE: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_ STATUS: \_\_\_\_\_

STATE: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_ STATUS: \_\_\_\_\_

STATE: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_ STATUS: \_\_\_\_\_

# WILDCAT CONSERVATION LEGAL AID SOCIETY

## PROJECT AREAS OF INTEREST (*PLEASE CHECK ALL THAT APPLY*)

- PROVIDING RESEARCH ASSISTANCE FOR WCCLAS INITIATIVES, LEGISLATION, AND LITIGATION
- LOBBYING INITIATIVES
- DRAFTING AND EDITING LEGAL BRIEFS
- ASSISTING WCCLAS WITH LITIGATION
- LITIGATING CASES ON BEHALF OF WCCLAS
- SPONSORING WCCLAS CONFERENCES OR EDUCATION PROGRAMS
- EDITING MANUSCRIPTS FOR THE WCCLAS JOURNAL

## PLEASE DESCRIBE YOUR INTEREST IN PROTECTING WILDCATS AND THEIR HABITATS:

1. I ACKNOWLEDGE THAT THE WILDCAT CONSERVATION LEGAL AID SOCIETY (WCCLAS) IS NOT A LAW FIRM AND AGREE NOT TO USE THE NAME WCCLAS IN A MANNER THAT WOULD INDICATE THAT IT MAY BE A LAW FIRM, INCLUDE ITS USE AS COUNSEL OF RECORD, ON ANY PLEADINGS, IN CORRESPONDENCE, OR IN OTHER STATEMENTS WITHOUT PRIOR WRITTEN PERMISSION OF WCCLAS.
2. I UNDERSTAND AND ACKNOWLEDGE THAT WCCLAS DOES NOT PROVIDE MALPRACTICE INSURANCE FOR ATTORNEYS WHO PROVIDE PRO BONO SERVICES.
3. I AGREE TO INDEMNIFY AND HOLD HARMLESS WCCLAS, ITS OFFICERS AND DIRECTORS FOR ANY AND ALL CLAIMS, DEMANDS, ACTIONS, LIABILITIES, EXPENSES OR LOSSES RESULTING IN WHOLE OR IN PART FROM MY HANDLING OF ANY MATTER REFERRED TO ME BY WCCLAS OR BY MY FAILURE TO COMPLY WITH THE DISCLOSURE REQUIREMENTS ABOVE.
4. I AGREE TO NOTIFY WCCLAS IMMEDIATELY OF ANY PENDING DISCIPLINARY PROCEEDINGS AND OF ANY PAST DISCIPLINARY PROCEEDINGS CLOSED IN A MANNER ADVERSE TO ME (INCLUDING MATTERS CLOSED BY PRIVATE REPROVAL).
5. I AGREE TO NOTIFY WCCLAS IMMEDIATELY OF ANY VOLUNTARY CHANGES TO THE STATUS OF MY BAR MEMBERSHIP(S).
6. I UNDERSTAND THAT THE COMPLETION OF THE ATTORNEY APPLICATION (PRO BONO SERVICES) AND ACCEPTANCE THEREOF IS NOT NOW OR IN THE FUTURE CONSTRUED TO BE AN OFFER AND/OR CONTRACT FOR EMPLOYMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN TO:

WILDCAT CONSERVATION LEGAL AID SOCIETY; P.O. BOX 65495; WASHINGTON, DC 20035