

Minnesota Lawyers Concerned for Lawyers

2550 University Ave. W. #313N ☐ St. Paul, MN 55114 ☐ 651/646-5590 ☐ toll free 866/525-6466 ☐ fax 651/646-2364

CONFIDENTIAL

Membership/Volunteer Questionnaire

Name: _____

Address: _____

City, State, Zip: _____

How may we contact you? (Please number by preference.)

Phone number(s)

___ Work: _____ Home: _____

___ Cell: _____ Email: _____

The following optional information is requested to accurately match LCL volunteers with LCL clients.

Year of Birth: _____ Gender: _____ Ethnicity: _____

Type of practice: Solo Firm (size: # of lawyers _____) Government

Judicial Corporate Legal services Law student

Other _____ Are you currently licensed to practice? Yes No

Area(s) of practice: _____

Additional personal information (for example: source of your interest in LCL, specific personal recovery [MH or CD]; length of time in recovery; family/friend with illness or in recovery; other experience with MH or CD; other information you feel might help us):

Volunteer Opportunities

Yes, I would like to serve as an LCL volunteer.

I am interested in helping (please check all that apply):

Attorneys Judges Law Students

who have:

Addiction/abuse issues: Drugs Alcohol

Other addictions (gambling, sex, eating, etc.), specifically _____

Mental health issues (depression, bipolar disorders, etc.), specifically _____

Stress, burnout, career change and related issues, specifically _____

I am willing to speak about:

- My personal recovery
- Addiction, mental health or other CLE topics
- Information on LCL's services

I am interested in assisting with office projects:

Yes No

I would like to serve on the following task forces or committees:

- Education/public awareness Special events Fundraising
- Finance Confidentiality/Immunity Law Office Management
- Young Lawyers/Law Students

CONFIDENTIALITY AGREEMENT

I, _____, understand that as an LCL member or volunteer,

- I may obtain confidential information about attorneys, judges, law students and others and
- Maintaining confidentiality is critical to the continued success of LCL in its efforts to assist impaired attorneys, judges and law students.

I agree that I will treat private information received in my role as an LCL member or volunteer confidentially and will follow LCL policies and guidelines concerning private information.

Signature

Date