

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: _____

Home Address: _____

City, State, Zip: _____

Business Address: _____

City, State, Zip: _____

How may we contact you?

Phone number(s)

Work: _____ Home: _____

Cell: _____ Email: _____

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

I am a Lawyer Judge Law Student If Law Student, Year ____ School _____

Are you currently licensed to practice? Yes No

Year of Birth: _____ Gender: _____ Ethnicity: _____

Type of practice: Solo Firm (size: # of lawyers _____) Government
 Judicial Corporate Legal services Other _____

Area(s) of practice: _____

Additional personal information (for example: source of your interest in LCL, specific personal recovery [Mental Health (MH) and/or Substance Use/Chemical Dependency (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/misuse 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 Visit persons at recovery centers
 Provide information on LCL’s services Staff exhibit tables at events
 Speak about addiction, mental health or other CLE topics

I would like to serve on the following task forces or committees (not all are active at all times):

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

CONFIDENTIALITY AGREEMENT

I, _____, understand that as an LCL member / 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 / volunteer confidentially and will follow LCL policies and guidelines concerning private information.

Signature

Date

For Staff use only:

Confirmed _____ Date of Membership _____ Membership Number _____