Public Interest Resource Center

Learning to Serve, Serving to Learn

PIRC VOLUNTEER INFORMATION FORM

Name:		Date:
Address:		
City:	State:	Zip:
Telephone:	E-mail:	Mailbox #:
Year: (Please circle) 1 st 2 nd	3 rd 4 th	
Division : (Please circle) Day	Evening	Extended
Current GPA:	Date of Expe	cted Graduation:
INTERESTS (Please circle)	Criminal	Civil
2) What type of legal or non-le	gal work experience do	you have?
TIME & LOCATION 1) When are you interested in	volunteering? (Circle any	y that apply.)
Fall Semester Sprin	ng Semester	Summer
2) How many hours per week a	are you available to volu	nteer?
3) Do you have a location prefe	erence? On-Campus C	Off-Campus
If Off-Campus, what area	a(s) (ie, state, county, e	tc.)
SKILLS		
Do you have any special skills/e	expertise that may be of	interest to an employer?
(e.g. foreign language)		