



VOLUNTEER SOLICITOR APPLICATION

Name:

Address:

Contact phone number(s):

Email:

Qualifications:

(Include the name and stage of any courses currently being studied and any previous degrees or legal experience.)

Do you have a current practicing certificate? (If so, please attach a copy.)

If yes, how long have you held a practicing certificate?

Do you speak any other languages?

(If yes, please specify.)

In what areas of law do you have expertise?

In what areas of law do you have a special interest? (see questionnaire on page 2)

Which particular time slot are you prepared to commit yourself to?

Tuesday 6pm - 8pm

Wednesday 6pm - 8pm



ICLC QUESTIONNAIRE — Areas of Interest

Name: _____

Please indicate one of the following with a tick.

Area of Law	Proficient	Interest	Not at All
Family			
Employment			
Credit & Debt			
Guardianship			
Personal Injury			
Motor Vehicle Accidents			
Criminal			
Victims Compensation			
Administrative Law			
Neighbour Dispute			
Medical Negligence			
Contract			
Consumer Issues			
Strata Title			
Wills & Probate			
Power of Attorney			
Discrimination (non-emp)			
AVOs (Family & Personal)			

Do you have an interest in being a member of the Lesbian and Gay Legal Advice Service?

Yes No