

Lawyer Assistance Program Confidential Volunteer Information Sheet

Date _____

Name _____ Gender _____ DOB _____ Ethnicity _____

Home Address _____ Work Address _____

Home Phone _____ Work Phone _____

Email Address _____ Email Address _____

Bar Status _____ List any Voluntary Bar Affiliation _____

Type of Practice _____ Firm/Agency Name _____

RECOVERY/VOLUNTEER

LAP addresses many different kinds of issues. Please tell us your background, including personal addiction recovery and/or personal management of mental health issues--stress, depression, anxiety, ADHD, bipolar disorder, work/career crisis, stress management, etc. This information is confidential and will be used to make the best match possible for the participant in question.

Are you in Recovery (mental health/addiction) Y/N # Years _____ Issue _____

Areas of volunteer interest (mental health, work-life balance, addiction, stress management, etc.) _____

List any prior personal experience in this area _____

Other activities (things that help your sobriety, mental health, or stress management) _____

Former LAP Participant: Y/N If yes, status: ___ Former ___ Current ___ New ___ Another Jurisdiction

Have you ever served on the Lawyer Assistance Committee Y/N If so, when? _____

What would be an ideal LAP mentoring match for you? (i.e. background, gender, ethnicity, race, etc.) _____

When are you available? Days _____ Nights _____ Weekends _____ In-town _____ Near my home _____

OUTREACH AND EDUCATION

Preferred Venues (Select all that apply)

___ Law Schools: Any ___ Specifically (which) _____

___ CLE (DC Bar/Law Firms/Agencies) _____

___ Voluntary Bar: Any ___ Specifically (which) _____

___ Other _____ Suggested New Venue(s) _____