



# LEGAL ASSISTANCE FOR SELF-SUFFICIENCY 2010-2011 APPLICATION

*A program of South Coastal Counties Legal Services, Inc.*



## NAME / ADDRESS

1. NAME: \_\_\_\_\_

2. **CURRENT ADDRESS:** All information will be sent to this address unless you notify us of a change.

\_\_\_\_\_  
Number and Street (When using a P.O. Box, please include a street address)

\_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I can be contacted at this address/ number until \_\_\_\_\_

3. **PERMANENT ADDRESS:** (If different than above)

\_\_\_\_\_  
Number and Street (When using a P.O. Box, please include a street address)

\_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## EDUCATION

Check the highest level of education that you will have completed by the time you plan to serve in AmeriCorps (Check only one):

\_\_\_ Bachelor's Degree

\_\_\_ Law Degree (check year completed) L1 \_\_\_ L2 \_\_\_ L3 \_\_\_

\_\_\_ Other Graduate Degree (Please Specify) \_\_\_\_\_

Bar Admission Massachusetts \_\_\_ Other \_\_\_\_\_

Do you plan to attend law school at night while participating in the program? Yes \_\_\_ No \_\_\_

## COMMUNITY SERVICE

In the space below, describe your involvement in service. How have you reached out to help others, your community, or another community? In the reflection section, elaborate on why you decided to get involved, what you learned, and how it affected you.

1. Dates of involvement: From \_\_\_\_\_ To \_\_\_\_\_

Organization Name \_\_\_\_\_ Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of involvement: \_\_\_\_\_

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Reflection on service experience: \_\_\_\_\_

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2. Dates of involvement: From \_\_\_\_\_ To \_\_\_\_\_

Organization Name \_\_\_\_\_ Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of involvement: \_\_\_\_\_

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Reflection on service experience: \_\_\_\_\_

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3. Have you previously served in AmeriCorps? Yes\_\_\_\_ No\_\_\_\_

Dates of involvement: From\_\_\_\_\_ To\_\_\_\_\_

Did you complete your term of service? Yes\_\_\_\_ No\_\_\_\_

Program Name\_\_\_\_\_ Location\_\_\_\_\_

Contact Person \_\_\_\_\_ Phone\_\_\_\_\_ Email \_\_\_\_\_

Description of involvement:\_\_\_\_\_

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Reflection on service experience:\_\_\_\_\_

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## SHORT ANSWERS

Please answer the following questions as concisely as possible.

1. Please describe why you want to serve in this *Legal Assistance for Self-Sufficiency* AmeriCorps program. Current members reapplying are asked to explain why they would like to do a second year in this program.

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2. Please describe any specific relevant education, experience, or skills you have that you think would be an asset to the *Legal Assistance for Self-Sufficiency* AmeriCorps program and the clients served by this project.

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3. What are your career goals?

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4. What interests you about public service law?

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5. Do you have plans to attend college, to dedicate a significant amount of time to an academic project (such as a thesis), or to engage in employment during the next year?

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6. Do you have any personal issues, concerns or priorities which could adversely affect your commitment or ability to complete the program?

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## **GEOGRAPHIC PREFERENCES**

Listed below are the regions of Massachusetts where our community based partner law firms are located. Please select one option:

I can work in any region (check) \_\_\_\_\_

I can work only in region (enter region) \_\_\_\_\_

- Central Massachusetts
- Greater Boston Area
- Northeast Massachusetts
- Southeastern Massachusetts
- Western Massachusetts

# SURVEY

Please answer the following questions:

1. Are you a U.S. Citizen, U.S. National, or lawful permanent resident alien of the U.S.? Yes\_\_\_ No\_\_\_
2. Are you 17 years or older? Yes\_\_\_ No\_\_\_
3. Are you available from early September 2010 to late July 2011? Yes\_\_\_ No\_\_\_
4. Do you have reliable transportation for the duration of the program? Yes\_\_\_ No\_\_\_
5. Do you object to a criminal records check (CORI)? Yes\_\_\_ No\_\_\_
6. How did you hear about the program? \_\_\_\_\_

7. List non-English language/s in which you are fluent.

Language _____	Speaking _____	Writing _____
Language _____	Speaking _____	Writing _____
Language _____	Speaking _____	Writing _____

8. AmeriCorps asks for collection of demographic information as follows. (Optional)

Describe your ethnic background. Check all that apply.

_____ Hispanic/Latino/Spanish	_____ Non- Hispanic/Latino/Spanish
_____ African American	
_____ American Indian or Alaskan Native	
_____ Asian	
_____ Native Hawaiian or Other Pacific Islander	
_____ White	

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

*The Legal Assistance for Self-Sufficiency program is an equal opportunity project, available to all, without regard to race, color, national origin, disability, age, sex, sexual orientation, political affiliation, or religion; it is committed to the inclusion of people with disabilities as members and will provide reasonable accommodations upon request to SCCLS. MLASSP 2011 is dependent on approval of Corporation for National Service grant funding with an award announcement expected in late May 2010.*

## REFERENCES

Your Name \_\_\_\_\_

Please list three references from a variety of job, academic or community service sources:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

## SIGNATURE

I attest that the information provided in this six-page application is true and correct to the best of my knowledge. I give the program permission to contact my three listed references.

Name \_\_\_\_\_ Date \_\_\_\_\_