

## WISLAP VOLUNTEER PROFILE

**THE INFORMATION YOU PROVIDE IS CONFIDENTIAL.** THIS INFORMATION HELPS ASSIST WITH VOLUNTEER/ATTORNEY MATCHING. SELF-DISCLOSURE OF RECOVERY STATUS IS THE DECISION OF THE VOLUNTEER.

**\*\*PLEASE SUBMIT A CURRENT DIGITAL PHOTOGRAPH WITH THIS PROFILE\*\***

Name:	State Bar ID No.:	Date:								
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Asian Pacific <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Other:		Gender:								
Business Name & Address:		Date of Birth:								
Areas of Practice:										
Phone (w):	Phone (h):	Phone (c):								
Email:	City:	County:								
I am interested in being a WisLAP volunteer because:										
Areas of interest helping Other Judges/Lawyers: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Substance Abuse</td> <td><input type="checkbox"/> Affected Family Member(s)</td> </tr> <tr> <td><input type="checkbox"/> Mental Health</td> <td><input type="checkbox"/> Gambling</td> </tr> <tr> <td><input type="checkbox"/> Physical Health</td> <td><input type="checkbox"/> Sex Addiction</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> Eating Disorder</td> </tr> </table>			<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Affected Family Member(s)	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Gambling	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Sex Addiction	<input type="checkbox"/> Other:	<input type="checkbox"/> Eating Disorder
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<input type="checkbox"/> Physical Health	<input type="checkbox"/> Sex Addiction									
<input type="checkbox"/> Other:	<input type="checkbox"/> Eating Disorder									
If you wish, please share comments regarding your experience in recovery from AODA, mental health, or related subjects which would be helpful for WisLAP to know:										
* Are there populations you have a specific interest in working with (i.e. age, race, religion, sexual orientation)?										

Name:

State Bar ID No.:

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Areas of interest on behalf of WisLAP:

- Present CLE's
- Facilitate Support Groups
- Other

If you wish, please share your wants and desired outcomes of being a WisLAP Volunteer:

Please list any law-related specialty organizations, bar associations, etc., you are a part of that you would be willing to do outreach with on behalf of WisLAP:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE