

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: <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		
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)?		

Please turn page over and complete page 2

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