**WisLAP Volunteer Profile**

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| **Name:** | **State Bar ID No.:** | | **Date:** |
| **Ethnicity:** | | | **Gender:** |
| **Business Name & Address:** | | | **Date of Birth:** |
| **Area(s) of Practice:** | | | |
| **Preferred Phone Number:** | | **Preferred Email:** | |
| **City:** | | **County:** | |
| **Areas of interest helping other legal professionals:**  **\_\_Substance Use \_\_Family Stressors**  **\_\_Mental Health** (i.e., Depressions, Anxiety, trauma, ADHD/ADD**) \_\_Work Stressors \_\_Physical Health**  **\_\_Affected Family Members \_\_Gender Concerns**  **\_\_Affected Colleagues \_\_LGBTQ+ Community** | | | |
| **\*Are there populations you have specific interest in working with (i.e. age, race, religion, sexual orientation)?** | | | |
| **Areas of Interest on behalf of WisLAP:**  **\_\_Presentations**  **\_\_Peer Support**  **\_\_Office Hours**  **\_\_Tabling**  **\_\_Host Support Groups** | | | |
| **Please list any law-related specialty organizations, bar associations, ect., you are a part of that you would be willing to do outreach with on behalf of WisLAP:** | | | |