**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:** |