

STUDENT-INITIATED PLACEMENT FORM

(Page One of Two)

STUDENT NAME (please print) **Student ID No.**

E-Mail Address: _____

School Address: _____

Street Address City State Zip Code
Phone: (Include Area Code) Home _____ **Work** _____ **Cell** _____

Permanent Address: _____

Street Address City State Zip Code

Phone (Permanent - Include area code:) _____

I plan to perform this public service work (Circle One): Fall semester/20__ - Spring Semester/20__ - Christmas break/20__ - Spring break/20__ - Summer/20__

Class: 2010-Aug. 2009-Dec. 2010-Day 2010-Eve. 2011-Day 2011-Eve. 2012-Eve. 2012-Eve.

PROPOSED PLACEMENT SPONSOR: _____

TYPE OF ORGANIZATION (i.e., government, non-profit, legal aid, etc.): _____

IF THE SPONSOR LISTED ABOVE IS A PRIVATE LAW FIRM OR PRACTITIONER, HOW DID THE SPONSOR RECEIVE THE PRO BONO CASE OR CASES WHICH YOU ARE PROPOSING AS A MEANS TO FULFILL THE PUBLIC SERVICE REQUIREMENT?

(1) BY COURT APPOINTMENT: YES___ NO___ FROM WHICH COURT? _____

(2) THROUGH LOCAL LEGAL AID SERVICES PROVIDER: YES___ NO___

NAME OF LEGAL AID SERVICES PROVIDER _____

(3) THROUGH LOCAL OFFICE OF PUBLIC DEFENDER: YES___ NO___

NAME OF PUBLIC DEFENDER OFFICE: _____

(4) OTHER: _____

Type of Work to be Performed by student: _____

Course Prerequisites and/or training, required by sponsor, if any: _____

Contact Person: NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Will the contact person be the Supervisor? YES _____ NO _____

If no, who will supervise the student's work?

Supervisor: **NAME:** _____

TITLE: _____

ADDRESS: _____

PHONE: _____

STUDENT-INITIATED PLACEMENT FORM

(Page Two of Two)

Is the Supervisor an attorney licensed to practice law in the state where this student's work is to be performed? YES _____ (State: _____) NO _____

If no, who will provide attorney supervision?

Attorney: **NAME:** _____
 TITLE _____
 ADDRESS _____
 PHONE _____

_____ Attorney supervision is not necessary for this work

Reason: _____

How many students can the sponsor use for this project? _____ Circle one: per semester/total
Estimated length of project: _____ Circle one: ONGOING CONTINUOUS ONE-TIME PROJECT

Work may be performed (**Circle**): DAYS NIGHTS WEEKENDS VACATION SUMMER
Schedule will be: Flexible _____ Set _____

ARE YOU NOW OR HAVE YOU EVER BEEN IN A PAID EMPLOYMENT RELATIONSHIP WITH THE SPONSOR LISTED ABOVE? (THIS INCLUDES CONFIRMED PLANS TO CLERK OR OTHERWISE WORK FOR PAY FOR THE EMPLOYER IN THE FUTURE):
YES _____ NO _____

Dates of past, present, or confirmed future paid employment: _____

Estimated starting date for this project: _____

Estimated completion date for this project: _____

I will/will not (**Circle One**) be receiving compensation in any form from the sponsoring agency/organization/firm/individual for the time period during which I will fulfill my public service requirement.

* * * * *

(1) The placement sponsor would like the Public Service Program to continue to offer this placement to other students in the future when my public service work is completed: YES _____ NO _____

I hereby certify the following: (1) I do not at this time have knowledge of any actual or potential conflicts of interest regarding this placement, whether from previous or current employment, interests or activities; and (2) I have successfully fulfilled all course prerequisites or other special requirements of which I have knowledge at this time; and (3) I agree to notify the Director and Placement Supervisor if any questions arise after I begin work on this project regarding actual or potential conflicts of interest; and 4) I have reviewed the Public Service Program Policies and Procedures of the current Public Service Program Manual and I agree to abide by those policies and procedures in performing and receiving credit for my public service work.

STUDENT SIGNATURE/DATE