



LAWYERS AND JUDGES ASSISTANCE PROGRAM NETWORK VOLUNTEER REGISTRATION FORM

Areas of Interest (*Please check all that apply*)

- Attorney Peer Monitor
- Substance Use Disorders
- Mental Health Issues
- General Wellness Concerns
- Law Student Monitor
- Other

Why do you want to be a LJAP volunteer?

What makes you a good candidate to act as a LJAP Volunteer?

How much time can you commit a month to being a LJAP volunteer?

Name:

Mailing Address:

Preferred Telephone Number:

E-mail:

| | | |
|--------------------------|-----------|--------|
| Preferred Contact Method | Telephone | E-Mail |
|--------------------------|-----------|--------|

| | | |
|------------------------------|----------------|----|
| Volunteer Training Completed | Yes | No |
| | Date Completed | |

Once trained will you accept a monitoring role in our work with the Attorney Grievance Commission?

Yes No

For Those in Recovery From Substance Use Disorders:

Sobriety Date:

Do you attend community support meetings (AA/NA/DA/Etc.)

Yes
No
Times a week

Briefly speak about your step work:

How did you enter recovery?

Residential/Inpatient Outpatient
Intensive Outpatient AA/NA
LJAP
Other

Please provide any additional information that could be useful in pairing you with a monitoree (including process addictions, substances used, etc.)

I understand the above information will be held in confidence and used only by MLJAP Staff in assessing volunteer eligibility and matching volunteers with program participants. Should any information change I will immediately notify LJAP Staff.

Signature

Date