**WVJLAP Volunteer Registration & Acknowledgment Form**

Name:

Phone Number(s):

1. Cell:
2. Work:
3. Home:

Mailing Address:

Email Address:

It is ok for WVJLAP to contact you using this information? Yes No

I would be available to assist attorneys who need help with:

\_\_\_ Substance abuse problems

\_\_\_ Mental health problems (depression, anxiety, bipolar, etc.)

\_\_\_ Physical illness or disability

\_\_\_ Stress, burnout, and/or related issues

\_\_\_ You are free to give my name and phone number to anyone seeking assistance.

\_\_\_ Please call me prior to giving my name and phone number to anyone seeking assistance.

My areas of interest for Volunteer work include:

\_\_\_ Education/Presentations

\_\_\_ Intervention

\_\_\_ Monitoring

\_\_\_ Fundraising

\_\_\_ Peer Assistance (phone support, take to meetings, etc.)

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am interested in being a WVJLAP Volunteer because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like training in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement**

I understand that WVJLAP’s volunteers are in possession of and have access to a broad variety of confidential, sensitive and proprietary information, the inappropriate release of which could be injurious to individuals; volunteers have an obligation to actively protect and safeguard confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of information. I also understand that any volunteer with knowledge of a disclosure made in violation of this policy, or in doubt over whether a disclosure made might violate this policy, will immediately report the disclosure to the WVJLAP office.

I understand that any breach of confidentiality may result in termination of volunteer services.

**Oath of Peer Monitor**

I agree to serve as a WVJLAP Peer Monitor and hereby voluntarily accept and undertake all the powers, duties and responsibilities of a monitor pursuant to WVJLAP Monitoring Agreement. I further agree to file monthly compliance reports on behalf of a monitored lawyer upon the conditions set forth in the WVJLAP Monitoring Agreement, with a final report to be submitted to WVJLAP upon completion of the monitoring term. I further agree to immediately report to WVJLAP any noncompliance with Monitoring Agreement on the part of the monitored lawyer.

**Removal as Peer Monitor**

I understand and agree that WVJLAP can remove a Peer Monitor for any reason including, but not limited to, the following: 1) the monitor no longer meets the Peer Monitor qualifications, 2) the monitor has violated the confidentiality requirements of WVJLAP with regard to the monitored lawyer, 3) the monitor has knowledge of noncompliance by the monitored lawyer and has failed to report such noncompliance to WVJLAP, 4) the monitor has failed to submit reports to WVJLAP in a timely manner, or 5) monitor has failed to act in accordance with WVJLAP Policies & Procedures.

**Immunity**

Volunteers are recognized Representatives of WVJLAP and those working with WVJLAP in their capacity as a Volunteer shall be afforded all confidentiality and immunity protections afforded by the West Virginia Supreme Court Rules:

**I further acknowledge that I have reviewed the Rules of the West Virginia Supreme Court establishing WVJLAP, as well as WVJLAP’s Policies and Procedures, and agree to abide by same.**

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer Volunteer