ATTORNEYS OR ORGANIZATIONS SEEKING STUDENT ASSISTANCE

CONTACT INFORMATION:
Name: ________________________________________________________________
Phone: ________________________________________________________________
Email: ________________________________________________________________

PROJECT:
Project Name: __________________________________________________________
Project Description:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

ESTIMATED DATES:
Start: ___________________________ Finish: ______________________________

ADDITIONAL INFORMATION:
Has this organization/attorney participated before? __________________________
Number of Students Needed: _____________________________________________
3L Practice Rule Certification Required? ____________________________________
Skills Needed for Project:
___ Investigation ___ Document Review ___ Community Education
___ Interviewing ___ Client-Intake ___ Research
___ Foreign Language (specify) ___ Other

Required Classes, additional preferred skills, or other relevant info:
______________________________________________________________________
______________________________________________________________________

Signature: ___________________________ Date: ___________________________

______________________________________________________________________

*Please sign and return to Professor Mary Natkin natkinm@wlu.edu
and copy Lora Richardson richardsonl@wlu.edu.