

VOLUNTEER FORM

Lawyers | Reg No: _____ (for office use)



1. APPLICATION DETAILS

TITLE: Uza. Uz. DR Others: _____

SURNAME: _____ FIRST NAME/GIVEN NAMES: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

RESIDENTIAL ADDRESS: _____ PHONE NUMBER: _____

EMAIL: _____

2. EMPLOYMENT DETAILS

FIRM NAME/EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ POST CODE: _____

FAX: _____

License No: _____

Admitted in to: Supreme Court High Court Superior Court Lower Court

3. PRO BONO COMMITMENT

(CONSULTATION NIGHTS ARE HELD ONCE EVERY WEEK)

I WANT TO SIT IN PRO BONO CONSULTATIONS

I WANT TO TAKE COURT CASES ON A PRO BONO BASIS

4. TERMS AND CONDITIONS

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FROM IS TRUE AND CORRECT.

SIGNATURE: _____

DATE: _____

