

PRO BONO PROJECT

Intent to Participate

Student's Name: _____ Graduation Mo/Yr: _____

Student's Phone Number: _____ Email: _____

Student's Mailing Address: _____

How many pro bono hours have you completed prior to this project? _____

I am taking this assignment with the intent of applying the hours of service towards completion of the Pro Bono Project requirements. I agree to perform all assignments in a professionally responsible manner. I agree to maintain client confidentiality and to **refrain from giving legal advice to clients**. If for any reason I am unable to fully complete an assignment I agree to notify my supervisor and leave the assignment in a condition where someone will be able to pick up where I left off.

Student's Signature

Date

Supervisor's Name: _____ Email _____

Agency Name: _____

Agency Address: _____

Agency Phone: _____ Date Student will begin: _____

Brief Description of Assignments:

I certify that this project will be performed under my supervision.

Supervisor's Signature

Date