

COMMUNITY SERVICE PROJECT

Intent to Participate

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

Student's Phone Number: _____ Email: _____

Student's Mailing Address: _____

Supervisor's Name: _____ Email _____

Agency Name: _____

Agency Address: _____

Agency Phone: _____ Date Student will begin: _____

Brief Description of Assignments: _____ Externship extra hours? Yes No

The above student is taking this assignment with the intent of applying the hours of service towards completion of the Community Service Project requirements. The student agrees to perform all assignments in a professionally responsible manner. The student agrees to maintain client confidentiality and to **refrain from giving legal advice to clients**. If for any reason the student is unable to fully complete an assignment he/she agrees to notify his/her supervisor and leave the assignment in a condition where someone will be able to pick up where he/she left off.

Student's Signature

Date

I certify that this project will be performed under my supervision and that the student will not engage in the unauthorized practice of law.

Supervisor's Signature

Date