

## PRO BONO 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: \_\_\_\_\_

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

Will you be seeking reimbursement for travel or other expenses through "The Joseph W. Little Pro Bono Support Fund"? Yes No

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The above student is taking this assignment with the intent of applying the hours of service towards completion of the Pro Bono 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