

Minnesota Lawyers Concerned for Lawyers

2550 University Ave. W. #313N, St. Paul, MN 55114. 651-646-5590, 866-525-6466 fax 651-646-2364, help@mncl.org

CONFIDENTIAL

Membership / Volunteer Questionnaire

Name: _____ Familiar: _____

Home Address: _____ Preferred

City, State, Zip: _____

Business Name: _____ Preferred

Business Address: _____

City, State, Zip: _____

How may we contact you? Phone number(s):

Work: _____ Home: _____

Cell: _____ Email: _____

The following optional information is requested to better match LCL volunteers with LCL clients:

I am a Lawyer Judge Law Student - If Law Student, Year ___ School _____

Are you currently licensed to practice? Current Unlicensed Retired Suspended Disbarred
State _____

Type of practice: Solo Firm (size: # of lawyers _____) Government
 Judicial Corporate Legal services Other _____

Area(s) of practice: _____

Demographic questions are optional. Your answers help with peer support matches.

Year of Birth: _____ Gender: _____ Race/Ethnicity: _____

Additional personal information: (for example: source of your interest in LCL, specific personal recovery [Mental Health and/or Substance Use Disorder/Chemical Dependency]; length of time in recovery; family/friend with illness or in recovery; other experience with Mental Health or Substance Use Disorder; other information you feel might help us:

Volunteer Opportunities

Yes, I would like to serve as an LCL volunteer. I am interested in helping:
(please check all that apply):

- Attorneys Judges Law Students Family Members

who have:

Addiction/Substance use issues: Alcohol Drugs (list)_____

Compulsive behaviors (gambling, sex, eating, etc.), specifically_____

Mental health issues (depression, bipolar disorders, etc.), specifically _____

Stress, burnout, career change and related issues, specifically_____

I am willing to:

- Speak about my personal recovery Visit persons at recovery centers
 Provide information on LCL’s services Staff exhibit tables at events
 Speak about substance use disorder, mental health or other CLE topics

I would like to serve on the following task forces or committees (not all are active at all times):

- Education/public awareness Fundraising
 Newer/Younger Lawyers/Law Students Special events

CONFIDENTIALITY AGREEMENT

I, _____, understand that as an LCL member / volunteer,

- I may obtain confidential information about attorneys, judges, law students and others and
- Maintaining confidentiality is critical to the continued success of LCL in its efforts to assist impaired attorneys, judges and law students.

I agree that I will treat private information received in my role as an LCL member / volunteer confidentially and will follow LCL policies and guidelines concerning private information.

Signature Date

For Staff use only:

Confirmed _____ Date of Membership _____ Membership Number _____