

**Disability Discrimination Legal Service Inc  
Volunteer Application Form**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone number(s):</b>	
<b>Email address:</b>	
<b>Please tick the relevant box. Are you a:</b>	a. Law student: <input type="checkbox"/> b. Law graduate: <input type="checkbox"/>  c. Admitted solicitor: <input type="checkbox"/> d. Practising solicitor: <input type="checkbox"/>
<b>1. If you are a law student, what year are you currently in?</b>	
<b>2. If you are a law student, what subjects have you completed? Additionally, which subjects are you currently enrolled in?</b>	
<b>3. Why do you wish to become a volunteer with the DDLS? Is your application related to a qualification requirement?</b>	

<p><b>4. What do you feel you can contribute to the DDLS as a volunteer?</b></p>	
<p><b>5. What do you hope to gain from being a DDLS volunteer?</b></p>	
<p><b>6. What specific level of commitment, in terms of time, do you feel you can provide the DDLS?</b></p>	
<p><b>7. What specific experience do you have working with people with disabilities?</b></p>	
<p><b>8. What specific experience do you have volunteering with community agencies?</b></p>	
<p><b>9. What specific experience do you have in relation to legal and or administrative environments?</b></p>	

By completing and signing this form, I acknowledge that the position I am applying for is that of a volunteer and not an employee, I will not receive any payment, and the terms and conditions of my volunteer work are subject to DDLS policies and procedures.

**Signature:** .....

**Date:**     /    /    

**Thank you for completing this form.**