



Volunteer Lawyer Enrollment Form

Volunteer Name: _____

Address: _____

Email: _____

Preferred Phone: _____

Alternate Phone: _____

Facsimile: _____

What type of law do you practice, or what is your preference?

How did you hear about Fort Bend Lawyers Care?

Please return the completed form to:

Fort Bend Lawyers Care

310 Morton Street # 566

Richmond, TX 77469

holly@fortbendlawyerscare.org

Office: 281-239-0015

Fax: 281-239-8123

Thank you for supporting FBLC!

FBLC is recognized by the IRS as a 501(c) 3 non-profit organization

As a volunteer of the Fort Bend Lawyers Care, I acknowledge that all matters and discussions of the organization are strictly confidential. I acknowledge that any violation of this confidentiality agreement may subject me to disciplinary action, up to and including removal from the Fort Bend Lawyers Care organization.

*Fort Bend Lawyers Care
Notice of Confidentiality*

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Name

Date

Signature

Date