



CONSTITUTIONAL RIGHTS FOUNDATION CHICAGO
 407 SOUTH DEARBORN, SUITE 1700, CHICAGO, IL 60605-1119
 312/663-9057 ♦ FAX: 312/663-4321 Fax ♦ Email: crfc@crfc.org ♦ www.crfc.org

V.O.I.C.E. Classroom Volunteer Form

*If you are interested in being a classroom volunteer, please fill out the following information and return it to the address above. **Please print clearly.** Thank you.*

Mr. Ms. Name _____
(first) (last)

Work: Title _____ Organization _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Fax (____) _____ Email _____

Home: Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Fax (____) _____ Email _____

I prefer to receive mailings at (check one): Work Home

Please check one:

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Judge | <input type="checkbox"/> Law Professor or Dean |
| <input type="checkbox"/> Law Student | <input type="checkbox"/> Former Judge | |
| <input type="checkbox"/> Paralegal | <input type="checkbox"/> Mediator | <input type="checkbox"/> Other (please specify) _____ |

Please check all that apply:

Specialty:

- | | | |
|--|--|--|
| <input type="checkbox"/> Anti-Trust | <input type="checkbox"/> Family | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Public Interest |
| <input type="checkbox"/> Commercial Litigation | <input type="checkbox"/> Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Constitutional | <input type="checkbox"/> Insurance/Liability | <input type="checkbox"/> Research |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> International | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Torts |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Labor/Employment | <input type="checkbox"/> Worker's Compensation |

Other (please specify) _____

Language proficiency:

- Spanish Polish French Other (please specify) _____

(continue please)

