

**PBN Volunteer Agreement**

Pro Bono Network (PBN) is pleased you are interested in becoming a volunteer attorney. To reflect our shared understanding and commitment, and in consideration for the opportunity to become a volunteer attorney, we ask that you read and sign this agreement.

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By signing this agreement, I                                                             , agree to abide by the terms and conditions below concerning my status as a volunteer with PBN and PBN partner agencies on PBN projects.

I understand that even though the work I do through PBN is unpaid, I am expected to perform my legal duties to the best of my abilities and agree to abide by all rules of professional conduct. I represent that I am currently licensed to practice law in a U.S. jurisdiction and in good standing in that jurisdiction.

I recognize that upon taking on a case or joining a project through PBN, I am becoming a volunteer of the agency that PBN has partnered with to provide pro bono service. I will be covered solely by that legal aid agency’s malpractice insurance. Additionally, if I take on other work with any partner or non-partner agency that is not a part of the PBN project, I understand that PBN will not have any involvement with the matter.  Pro Bono Network is not responsible for paying any fees or costs that may incur during a case. I also acknowledge that PBN is not responsible for any personal injuries or damages of any nature I may incur while volunteering for a project, or any injuries to or damage incurred by a third party as a result of my actions while involved with a PBN project.

As a volunteer attorney on a PBN project I commit to:

* Participate in any necessary training sessions and watch any required training videos.
* Respond in a timely fashion to calls and emails from PBN staff, project managers, and other volunteers.
* Keep a log of the number of hours I have worked, including transport and preparation, and accurately report those hours monthly to PBN staff.
* Immediately notify PBN staff and any project manager should my law license status change in any way or if any disciplinary actions are commenced against me. If I am inactive, or at any point become inactive, per my licensing jurisdiction, I take full responsibility for completing the necessary paperwork, and understand there may be licensing consequences should I fail to do so.
* Ensure that I am aware of no conflicts of interest prior to taking a matter through PBN.
* Provide representation through completion of the matter unless a conflict arises or the client withdraws.
* Withdraw from a client representation only after notifying PBN staff and the project manager and ensuring that all information is transferred and there will be no harm to the client’s matter due to the withdrawal.

As a volunteer through Pro Bono Network, I have access to confidential information about clients seeking legal advice and representation. I understand that this information may be protected by the attorney-client privilege or work product doctrine. I understand that I have access to certain information that is protected by state laws that specifically prevent the disclosure of this information, such as information about physical health, mental health, and domestic violence. Therefore, I acknowledge that I have an ethical and legal obligation to keep this information confidential to the extent required by such obligation and not to discuss it with anyone for any purpose other than providing legal assistance.

Additionally, I recognize that to protect attorney-client privileged and other confidential information, caution must be exercised while in the process of storing, sending, printing, or disposing of privileged and confidential data, and I will take measures necessary to ensure the safety of that information.

I understand that all clients, staff members, and members of partner agencies must be treated with dignity, respect, and consideration. PBN does not discriminate based on race, national origin, religion, gender, sexual orientation, age, economic class, disability, or marital status.

This Agreement inclusively applies to every matter or client I take on through PBN, eliminating the need for me to sign an additional agreement for each case.  PBN reserves the right to modify this agreement, but any modifications made to this Agreement shallbe made in writing and with the consent of all parties.  I understand that PBN may terminate this Agreement and/or my services as a volunteer through PBN at any time for any or no reason, as it alone sees fit, including without limitation for any failure to meet my obligations to maintain client confidentiality, provide appropriate representation in any matter, comply with PBN policies, or remain an attorney in good standing.

This is the entire agreement between the parties on the subject matter of this agreement, and there are no third-party beneficiaries to this Agreement.

By signing this document, I acknowledge that I have read and understand the terms stated above, and will abide by them.

Printed Name:

Signature:

Date:

States registered in:

Attorney status in each state: (active, retired, inactive)