



Solano County District Attorney's Office

Volunteer Program

675 Texas Street, Suite 4500, Fairfield, CA 94533  
 (707) 784-6800 Fax: (707) 784-7986 solanoda@solanocounty.com

**Volunteer Commitment Form**

Position of Interest: <b>District Attorney Volunteer Attorney Intern/Law Clerk</b> <b>Other:</b>		Date:	Social Security No:
First Name:	Last Name:		
Address:		E-Mail Address:	
City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:	

**RESPONSIBILITIES OF VOLUNTEER:**

1. Fulfill Commitment, as listed on schedule.
2. Report number of hours worked.
3. Serve in capacity as described.

**Description of volunteer assignment:**

Legal Research and writing, responding to motions, civil litigation discovery, scanning documents, filing, court filing of documents and any other law clerk duties that may be assigned.

**TIMES AVAILABLE**

<u>Number of hours per week:</u>	<u>Check Days available:</u> (Morning) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S (Afternoon) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	<u>Availability:</u> (Please select one) <input type="checkbox"/> Ongoing <input type="checkbox"/> Short Term <input type="checkbox"/> 1 Semester <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
----------------------------------	--	--

**Duration of Volunteer Commitment:**

**Starting Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Final Date:** \_\_\_\_\_

As a volunteer, I agree to perform the tasks outlined in my volunteer assignment to the best of my ability. I recognize that I am serving at the pleasure of the department head and am not an employee of the County of Solano. I waive any rights to receive salary, wages, fees, fringe benefits, or other compensation for the work I will be performing.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
 On Site Supervisor Volunteer

Signed: \_\_\_\_\_  
 Departmental Volunteer Coordinator