



HIV & AIDS Legal  
Services Alliance

**HIV & AIDS Legal Services Alliance &  
L. A. County Bar Association AIDS Legal Services Project  
Application and Agreement for Law Students**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Mailing Address/Line 1 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Will you be driving a car in Los Angeles?    Yes    No

If yes, Car Make and Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

Emergency Contact / Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Number(s) \_\_\_\_\_

Law School \_\_\_\_\_ Location \_\_\_\_\_

School Year:            First (1L)            Second (2L)            Third (3L)            Graduate/JD

Foreign languages spoken:    Spanish    ASL    Other

Applicable experience/course work:

I agree to participate with HALSA on a volunteer, non-compensatory basis.    Yes    No