



SOUND GENERATIONS

Volunteer Attorney Application

APPLICANT INFORMATION

Last Name		First		M.I.		Date of Birth	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
<input type="checkbox"/> I give permission to Sound Generations to conduct any necessary background checks related to volunteer service.							

ATTORNEY INFORMATION

Law School		Address					
Are you licensed to practice in WA state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WSBA#				
Are you a KCBA Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Number of years in practice?		Practice Area(s)					
Have you ever been sanctioned, disciplined, or reprimanded by a Bar Association?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please explain							

REFERENCES

Please list three professional references.

Full Name		Relationship					
Company			Phone				
Full Name		Relationship					
Company			Phone				
Full Name		Relationship					
Company			Phone				

WORK EXPERIENCE – FEEL FREE TO ATTACH A RESUMÉ

Company			Phone				
Address			Supervisor				
Job Title							

CULTURAL COMPETENCY STATEMENT

At Sound Generations, we embrace the belief that cultural, social, and other differences should be respected and celebrated. We are building a team of staff, board members, and volunteers with extraordinary cultural competence and providing that team with tools to positively address institutionalized racism. All members of our team are responsible for providing and supporting a culturally competent work environment that will enrich our interactions with each other and our products and services. This provides the foundation for empowering our customers (primarily those who are aging and giving care to others) so their needs are justly represented and their desires amply fulfilled.

I have read and agree to the terms of the Sound Generations Cultural Competency Statement.

Signature

Date

CONFIDENTIALITY AGREEMENT

As a KCBA partner volunteer, I understand that I may have access to confidential information regarding clients seeking legal assistance from one of the Pro Bono Services Programs. This information may be in a written form, an electronic format, or may be given verbally during intake. Examples of confidential information include but are not limited to names, addresses, telephone numbers, medical, psychological, health-related conditions and treatment, religious beliefs, finances, living arrangements, social history, the HIV status of a client, and/or facts regarding their legal circumstances. **By agreeing to this statement, I am indicating my understanding of my responsibilities and agree to the following:**

- I agree to uphold the confidentiality and security policies of Sound Generations and the King County Bar Association.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained that could identify persons seeking legal assistance.
- I understand that all client information compiled, obtained, or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any information regarding the same, unless specifically authorized to do so by the client.
- I understand that I am not to read information and records concerning patients, clients or study participants, or any other confidential documents, nor ask questions of clients during interviews for my own personal information but only to the extent and for the purpose of performing my assigned duties.
- I understand that a breach of security or confidentiality may be grounds for disciplinary action by KCBA, and may include termination of employment.
- I understand that the civil and criminal penalties set forth in the Revised Code of Washington (RCW 70.24.080 and 70.24.084) include, for each breach of STD/HIV records, a fine of \$1000 or actual damages for negligent violation and \$10,000 or actual damages for intentional or reckless violation, which I would be personally responsible for paying.
- I understand that action to impose civil or criminal penalties against me may be taken by a prosecuting attorney or another party with standing if I am suspected of being responsible for a breach of confidentiality.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.

I have read and agree to the terms of the King County Bar Association Pro Bono Services Confidentiality Agreement.

Signature

Date

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date