



VIRGINIA  
**Lawyers  
Helping  
Lawyers**

- Mr.   
Mrs.   
Ms.   
Miss

\_\_\_\_\_  
First MI Last Suffix DOB

\_\_\_\_\_  
Home Address Apt #

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

\_\_\_\_\_  
Phone Fax Cell

\_\_\_\_\_  
Preferred Email Address

\_\_\_\_\_  
Firm/Agency/Organization

\_\_\_\_\_  
Business Address Suite/Floor

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

\_\_\_\_\_  
Phone Fax Toll Free

Do you prefer to be contacted at: home  or your business ?

# Volunteer Form

Have you participated in a LHL Monitor training CLE course? Yes  No

If yes, when and where was it? If yes, when and where was it? If yes, when and where was it? If yes, when and where was it?

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Are you available to be part of LHL support groups (either Wellness-groups that deal with stress, depression, etc. or 12 step recovery)? If so which or both?

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Do you have a personal history of recovery that you are willing to share in public? Yes  No

Are you available to help cover the LHL booth at Bar meetings and conventions (VSB, VBA, VTLA etc.)?

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Can you help spread the word of what LHL does to your local judiciary and/or bar organizations? Yes  No

Can LHL list your name on our website as a volunteer? Yes  No

Can you help LHL in fundraising efforts in your locality? Yes  No

Can you help with mailings or other administrative tasks? Yes  No

Can you help organize volunteer trainings in your locality? Yes  No

Can you help with the LHL convention to be held in September of each year? Yes  No

**Please complete this form and mail it to:**

Lawyers Helping Lawyers  
600 E. Main Street Suite 2035  
Richmond VA 23219

**or you may fax it to:**

804-644-5510