

Volunteer Legal Services Corporation

PRO BONO HOURS REPORT

For the month of _____

2017

Name _____ Phone _____

Email _____

Pro Bono Clinics

❖ Did you volunteer at any VLSC clinics this month? YES NO

Name of Clinic(s)	Date of Clinic	Number of hours
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1) _____	_____	_____
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2) _____	_____	_____
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3) _____	_____	_____
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Total Clinic Hours = _____

Pro Bono Cases

❖ Did you work any case from VLSC this month? YES NO

Name of Case(s)	Type of Case	Number of hours
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1) _____	_____	_____
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2) _____	_____	_____
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3) _____	_____	_____
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Total Pro Bono Case Hours = _____

Mentorship

❖ Did you mentor a VLSC volunteer this month? YES NO

Name of Mentee(s)	Type of Case	Number of hours
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1) _____	_____	_____
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2) _____	_____	_____
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Total Mentor Hours = _____

TOTAL HOURS = _____

Signature _____ Date _____

Please return this form to:

Christina Wiellette, VLSC Manager

Email: christina@acbanet.org

Fax: 510.452.2224

Thank you for volunteering with VLSC!