



**Expression of Interest  
Volunteer Solicitor  
Walk-in Night Clinic**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

Preferred form of contact:

Phone

Email

Year of admission to practice in Queensland: \_\_\_\_\_

Do you hold a current Queensland Law  
Society Practicing Certificate:

Yes

No

How long have you continuously held this  
practicing certificate for? \_\_\_\_\_  
\_\_\_\_\_

**Current employment details**

Law firm: \_\_\_\_\_

Law firm address: \_\_\_\_\_

Position: \_\_\_\_\_

Time/duration of employment: \_\_\_\_\_

**About you**

Areas of practice/expertise:  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you practiced as a solicitor in Queensland? \_\_\_\_\_

Have you ever had any matters before the  
Legal Services Commission?

Yes

No

**Availability:**

The walk-in night clinic runs every Tuesday evening from 5pm until no later than 8pm.

Please provide details of your availability to volunteer on the walk-in night clinic roster.

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