

DCAP Volunteer Info Sheet

I, _____ agree to conduct up to four (4) pro bono mediation sessions on behalf of the Denton County Alternative Resolution Program and the Denton County Bar Association during the period of October 1, 20__ through September 30, 20__. I understand that once I sign up, if I need to cancel my volunteered date that it is my responsibility to find my own attorney/mediator volunteer replacement.

Signature

Printed Name

Law Firm

Texas Bar Number

Street Address / Ste. #

Place Current
Business Card

City, State Zip Code

HERE

Phone Number

Fax Number

Cell Number

Email

Website

Area(s) of practice you wish to mediate

Hourly Rate (after 5pm fee)

Paralegal / Legal Assistant's Name