



## Pro Bono Recognition Program Agreement to Supervise

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

## Sponsoring Organization or Individual Firm

Supervising Attorney/Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Estimated Total Hours of Work: \_\_\_\_\_ (May be modified during course of placement)

Proposed Semester of Placement: \_\_\_\_\_

**STUDENT:** *If your Supervisor is not the Contact Person, please list your Supervisor's name/s and contact information below.*

Supervisor's Name/s: \_\_\_\_\_

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

E-mails: \_\_\_\_\_

*I, the law student, hereby agree to perform all tasks in a professionally responsible manner.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the Supervisor, confirm that the above student will receive professional supervision. I acknowledge that the student has not been admitted to the Bar, and cannot represent or provide legal advice to the organization, program or its clients, and that the organization will not rely on the student's work product in taking any action or forbearing from any actions that may subject the organization, program, or its clients to legal liability. I confirm that the student will not receive financial compensation for work performed during placement. I further agree that I will complete an evaluation of the student's performance at the conclusion of the placement.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_