

## **VOLUNTEER APPLICATION**

Required fields are outlined in red.

Position for which you are applying.

The purposes of this form are: (1) to assist in making inquiries concerning the qualifications of candidates, and (2) to obtain general information for use in public releases about the selected candidates.

Name	Last Name	First Name		M.I.	State Bar No.
Legal Residence	Street	City	ST	Zip+4	County
Business Address	Street	City	ST	Zip + 4	County
Residence Telephone			Business Telephone		
Email			Ethicity (optional)		
Date you b	pecame a membe	er of the State Bar of Arizo	ona		
Other affil	liations/				

## Required if applying for one of the Judicial Nominating Commissions

Political Party Affiliation

I reside in Supervisorial District (1, 2, 3, 4, or 5)

To find out what district you reside in, contact the County Elections Dept.

POST HIGH SCHOOL EDUCATION: (con't. on next pg.) (provide attachment if you need additional space)

Colleges/Universities

Dates of admission

Special Courses Location Dates Degree

POST HIGH SCH	OOL EDU	CATION: (provide attacl	hment if you need ad	ditional space)
Colleges/Universiti Special Courses		Location	Dates	Degree
most recent experie		aid employment <u>during th</u> le attachment if you need a Employer and Position Held		ologically, beginning with  Employment Reference
(from/to)		Tosition Held	7 radiess	Contact, Phone, Email
List major areas of	law practice			
Have you ever been	n disciplined	by the State Bar of Arizo	na? Yes	No
By any Bar?	Yes	No		
If yes, why?				

Have you ever served in a judicial capacity (including Judge Pro Tem) in Arizona?

I am a Fellow of the Arizona Foundation for Legal Services & Education. Yes No

I am a graduate of the State Bar of Arizona's Bar Leadership Institute. Yes No

**BAR SERVICE:** List significant volunteer Bar activities <u>during the past 10 years</u> chronologically, beginning with most recent service. Please indicate if you are a member of the American Bar Association and list your involvement in ABA activities. (provide attachment if you need additional space)

Dates (from/to)

Organization/Position Held

Activities

**COMMUNITY VOLUNTEER SERVICE:** Chronologically list significant community volunteer activities during the past 10 years beginning with the most recent service. (provide attachment if you need additional space)

Dates (from/to)

Organization/Position Held

Activities

<b>COMMUNITY VOLUNTEER SERVICE (con't):</b> Chronologically list significant community volunteer activities during the past 10 years beginning with the most recent service (provide attachment if you need additional space)				
Organization/Posi	tion Held	Activities		
self, your experience and b	ackground that support your interest			
List names, addresses, phone numbers <b>and</b> email addresses of three people who are not in your law firm and to whom you are not related that can be contacted as references.				
Address	Phone Number	Email Address		
	organization/Posiself, your experience and be not related that can be continued.	Organization/Position Held  interested in serving in this professional activity. Include informable interested in serving and background that support your interest self, your experience and background that support your interest professional activity. Include informable interest interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity. Include informable interests are supported by the professional activity in the professional activity. Include informable interests are supported by the professional activity in the professional activity.		

counsel or on the other	er side of your matter.		J	11	8
Name	Address	Phone Number		Email	Address
Signature (permissibl	e to insert a digital signatui	re)	Date		
Please sign and return	n your completed application	on to:			
Carrie Sherman Director of Board Op State Bar of Arizona 4201 N. 24th Street, Phoenix, AZ 85016-6	Suite 100				

Alternatively, email your application to <u>Carrie.Sherman@staff.azbar.org.</u> Receipt of each application will be confirmed.

List names, addresses, phone numbers, and email addresses of three attorneys who were opposing

I am also interested in serving on the following entities (please check all that apply). Any vacancies will also be handled through the State Bar's Standing Appointments Committee:

American Bar Association House of Delegates

Arizona Commission on Appellate Court Appointments

Arizona Commission on Judicial Conduct

Arizona Commission on Judicial Performance Review

Arizona Bar Foundation Board of Directors

Arizona Supreme Court Committee on Character & Fitness

Arizona Supreme Court Committee on Examinations

City of Avondale Judicial Advisory Board

City of Glendale Judicial Selection Advisory Board

City of Mesa Judicial Advisory Board

City of Peoria Judicial Selection Advisory Board City of Phoenix Judicial Selection Advisory Board

City of Scottsdale Judicial Appointments Advisory Board

City of Surprise Judicial Selection Advisory Commission

City of Tempe Judicial Advisory Board Client Protection Fund Board of Trustees

Coconino County Commission on Trial Court Appointments

Community Legal Services Board of Directors

DNA - People's Legal Services, Inc. Board of Directors

Maricopa County Commission on Trial Court Appointments

Pima County Commission on Trial Court Appointments

Pinal County Commission on Trial Court Appointments

, Bar No.

## STATE BAR OF ARIZONA APPOINTMENTS COMMITTEE AUTHORIZATION AND RELEASE

I,

on , having submi	tted an application for appointment to the		
	, do hereby consent and		
authorize the State Bar of Arizona Lawyer Regulation Re	ecords Manager, the Arizona Commission		
on Judicial Conduct personnel, or any other disciplinary	authority having control of any documents,		
records and other information pertaining to me, to furnish to the State Bar of Arizona Appointments			
Committee all information regarding any disciplinary red	cords, if requested, including documents,		
records, files regarding charges or complaints filed again	ast me at any time, formal or informal, pending		
or closed, public or confidential, or any other pertinent in	nformation regarding my disciplinary history,		
if such exists.			
By authorizing the release of the information requeste	d, I specifically release the State Bar of Arizona		
and the Arizona Commission on Judicial Conduct, including any and all directors, officers, managers,			
supervisors, employees, personnel and agents, from any and all liability for damages or claims of any			
nature that could be made regarding the information provided.			
A reproduced copy of this Authorization shall be cons	idered the same as the original.		
Signature (permissible to insert a digital signature)	Date		