



**FLORIDA BAR YLD
DISASTER LEGAL SERVICES VOLUNTEER FORM**

Name: _____

Bar Number: _____

E-Mail: _____

Address: _____

County: _____

Work Phone: _____

Area(s) of Practice: _____

Additional language
spoken: _____

Legal Areas in which I will render assistance:

- | | |
|-----------------------------|--------------------------|
| General Consumer Help | <input type="checkbox"/> |
| Insurance and Injury Claims | <input type="checkbox"/> |
| Landlord Tenant | <input type="checkbox"/> |
| Personal Injury | <input type="checkbox"/> |
| Property claims | <input type="checkbox"/> |
| Real Estate | <input type="checkbox"/> |

Please fill out form competely.

To return by e-mail please save the form and
attach to your e-mail to FEMA@flabar.org.

Or

Fax to (850) 561-5825

Thank you for volunteering your time.