UNIVERSITY OF THE PACIFIC
McGeorge School of Law

CDO
CAREER DEVELOPMENT OFFICE

McGeorge Graduate Fellowship Program
Host Verification of Volunteer Status–Class of 2017

Name of **Firm/Organization**: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Organization: † Legal Services † Government Organization † Private law firm
† Nonprofit † IRC Section 501(c)(3)
† Other: _____

Supervising Attorney Information:

Name: _____ Title: _____

Email: _____ Phone: (_____) _____–_____

Name of **volunteer law clerk/attorney**: _____

Briefly describe the activities the volunteer law clerk/attorney will be performing:

_____

_____

_____

Volunteer law clerk/attorney start date: _____/_____/_____

End date: _____/_____/_____

Number of hours volunteer law clerk/attorney will work per week: _____
(Twenty hours per week minimum)

I verify that I have offered this volunteer law clerk the position referenced above.

_____ _____
Supervisor Signature Date

Please submit this form to Molly Stafford in the McGeorge CDO via fax at (916) 739-7260 or via e-mail at mstafford@pacific.edu