

## 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

\_\_\_\_\_  
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