ROBERT H. McKINNEY SCHOOL OF LAW

INDIANA UNIVERSITY
Indianapolis

Pro Bono Program

COMMITMENT FORM

Instructions: Once a student has obtained a Pro Bono Placement, the student and the student's supervisor need to complete this form and return it to the Pro Bono Office.

Name of Student:_____

Student's Phone Number:_____ **Anticipated Grad Date:** _____

E-Mail Address:_____

How many pro bono hours have you completed prior to this placement?_____

I am participating in this placement with the intent of applying the hours of service towards the 50 pro bono hours needed for transcript notation. I agree to perform all work assignments in a professional and responsible manner. I agree to maintain client confidentiality and to refrain from giving legal advice to clients. If for any reason I am unable to fully complete an assignment, I agree to notify my supervisor and leave the assignment in a condition where someone will be able to take over.

_____ _____
Student's Signature **Date**

Supervisor's Name: _____

Agency/Organization Name and Address:

_____

Phone: _____ **Date Student Will Begin:** _____

Brief description of volunteer duties/responsibilities:

I certify that this pro bono project will be done under my supervision.

_____ _____
Supervisor's Signature **Date**