

Pro Bono Opportunities
NJ State Bar Web Posting Form

A. Contact Information

Organization Name: Boys & Girls Club of Clifton Contact Name: Robert Foster
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Clifton, N.J.
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B. Organization Information

1. In a few sentences state the overall mission of your organization.

MISSION STATEMENT

The Boys & Girls Club of Clifton is dedicated to providing programs and services in a safe, supervised environment, to inspire and enable all young people, especially those who need us most, to realize their full potential as caring, productive and responsible citizens.

2. Please use the boxes (check as many as apply) and lines below to identify and briefly describe the population(s) for which your organization provides services, be sure to include information on characteristics such as age, disability or income, that might be used in establishing eligibility for your services.

- | | |
|--|---|
| <input type="checkbox"/> Seniors/Elderly | <input checked="" type="checkbox"/> Children/Families |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Disabled |
| <input checked="" type="checkbox"/> Low-income generally | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Immigrants | <input type="checkbox"/> Other _____ |

Diverse Community

3. In a few sentences describe the types of (legal?) services provided by your organization.

We would need assistance with employment law, personnel issues, by-laws, employment manuals, advocacy, insurance litigation, consultation on Club safety issues, real estate, and handling property bequests.

4. Service area:

- Statewide
- County based (please list counties served)
Passaic, Bergen, Essex
- Locally based (please list areas served)
80% Clifton based

C. Pro Bono Opportunities

5. Please use the boxes below, by checking the general topic area and any specific sub-specialties, to indicate the substantive areas in which you are seeking *pro bono* support.

- | | |
|--|---|
| <input type="checkbox"/> Family
<input checked="" type="checkbox"/> Custody
<input checked="" type="checkbox"/> Child Support
<input type="checkbox"/> Divorce
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Termination of Parental Rights
<input type="checkbox"/> Visitation | <input type="checkbox"/> Housing/Landlord Tenant |
| <input type="checkbox"/> Health
<input type="checkbox"/> SSI/SSD | <input type="checkbox"/> Immigration
<input type="checkbox"/> Asylum
<input type="checkbox"/> Naturalization |
| <input checked="" type="checkbox"/> Wills | <input type="checkbox"/> Consumer
<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Credit/Debt counseling
<input type="checkbox"/> Predatory Lending |
| <input type="checkbox"/> Transactional
<input checked="" type="checkbox"/> Non-profit corporate
<input type="checkbox"/> Community Development
<input type="checkbox"/> Tax | <input type="checkbox"/> Senior/Elder law
<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Credit Counseling
<input type="checkbox"/> Predatory Lending |
| <input type="checkbox"/> Civil Rights | <input checked="" type="checkbox"/> Employment/Unemployment |
| <input type="checkbox"/> Guardianship | |
| <input type="checkbox"/> Other _____

_____ | _____

_____ |

6. Does your organization provide substantive training to volunteer attorneys?

- Yes No In some cases

If yes, please describe: _____

7. Does your organization provide other types of support? If yes, please explain.

- | | | | |
|--------------------|------------------------------|--|-------|
| Litigation support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Fee waivers | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Translators | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |
| Other | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ |

8. What, if any, supervision does your organization provide for volunteer attorneys?

Board Committee and Administration support with project work.

9. Does your organization provide malpractice coverage for volunteer attorneys?

Yes No

If yes, please describe: _____

10. Does your organization require volunteer attorneys to carry malpractice insurance?

Yes No

If yes, please explain: _____

11. Has the New Jersey Supreme Court approved your program for a Madden exemption?

Yes No ?? Not Sure