



GILLIS LONG PRO BONO PROGRAM PLACEMENT CONFIRMATION FORM

This form is to be read and completed by the placement supervisor and the student. It should be returned by the student to the pro bono coordinator, along with the completed Student Agreement, before the student begins work. The completed form may be hand-delivered to the law school, mailed to *Gillis Long Pro Bono Program, 7214 St. Charles Avenue Box 902, New Orleans, LA 70118*, or faxed to 504.861.5440.

Student Name

Social Security Number

Name Of Placement

Placement Address

Supervisor Name

Supervisor Phone Number

When will the student begin work? _____

Estimated number of hours of work per week: _____

Description of work to be done:

By our signatures below, we both acknowledge that the student has been accepted as a volunteer at the above-named placement. We agree that we will abide by the terms of the Gillis Long Pro Bono Program guidelines.

Supervisor Signature

Student Signature

Date

Date