

## **Public Service Commendation: Placement Verification**

This form should be submitted at the time you ACCEPT a pro bono placement. (Prior to starting work)

Student Information:		
Name		
Address		
- M 11 1 DI		

Address				
E-Mail and Phone				
Class Year				
Organization Information:				
Organization Name:				
Supervisor Name/Title:				
Sponsor/Supervisor Contact Details: Address:				
E-Mail:	Phone:	Fax:		
Anticipated Responsibilities/Position Description:				
Expected Weekly Commitment (In Hours):				
Credit Hours Awarded: Y N				
Financial Compensation Received for Work: Y N				
Student Agreement: As a student participant in the University of Toledo College of Law Public Service Commendation Program, I agree to the following:				
<ul> <li>When I accept a position, I will finish the work agreed upon with my supervisor, recognizing the following: I have undertaken a professional responsibility affecting the legal interests of the client(s) served, and the credibility of my school and future opportunities for other students are affected by my conduct.</li> <li>I will ask my supervisor to explain assigned work if I do not understand how to proceed and will ask for feedback, review and evaluation of my work product.</li> <li>I will not perform legal work, including legal research, if not supervised by an attorney. I may perform policy work without attorney supervision. If unclear about what constitutes the practice of law or attorney supervision, I will consult with the Public Service Coordinator for clarification.</li> </ul>				
program serve University take project.	es as a clearinghouse of pro bono	ge of Law Public Service Commendation opportunities and that the Law School and er liability in connection with a particular ne as a Commendation recipient.		
Signature:	Date:			