

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:			
E-Mail/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 Awar	ded: Y N		
Financial Compen	sation 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: 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. 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. 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. I understand that The University of Toledo College of Law Public Service Commendation program serves as a clearinghouse of pro bono opportunities and that the Law School and University take no responsibility for injury or other liability in connection with a particular project. I authorize the College of Law to publish my name as a Commendation recipient. 			
Signature:		Date:	