

**University of Massachusetts School of Law – Dartmouth
UMass Law Clinical Programs**

**Community Development Clinic
STUDENT APPLICATION**

(Updated 10/03/2023)

*Please return this completed form to the Law Enrollment Center (LEC) to be considered for enrollment in the Community Development Clinic at UMass Law. Please note that there are additional enrollment requirements, such as submitting a separate general clinical programs application form to the LEC and meeting prerequisite/corequisite course requirements. **Students are not eligible to enroll in this clinic while simultaneously participating in a clerkship or field placement.***

This Student Application is a request to enroll in this clinic during the (check one and fill in the year of the semester that you are applying to enroll in) Fall Spring Year: _____

Contact Information

Name: _____ Preferred Pronoun: _____

Address: _____

UMass Email Address: _____

Alternate Email Address: _____

Primary Telephone Number: _____

Does this phone have a private voicemail? (Check one): Yes No

Secondary Telephone Number (if applicable): _____

Other Contact Information (if applicable): _____

Education and Experience

UMass Law Class Year during semester requesting (check one): 2L 3L 4L

UMass Law Program during semester requesting (check all applicable): Day Evening Full-Time

Part-Time Expected Date of Graduation from UMass Law? _____

Undergraduate College and/or Graduate School Name and Major/Degree (as applicable):

Are you a Joint Degree candidate? (Check one): Yes No

If yes, with which other school? _____

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Please list all the courses you have taken after first year, including upper level courses taken outside of the law school:

Do you have any experience in or knowledge of business matters? (e.g., legal or non-legal work experience; family-owned business; or courses in accounting, marketing or finance?) If so, please list:

Do you have any other skills or interests that may be helpful to Clinic clients? (e.g., specialized knowledge in a particular subject area that may relate to a Client organization, such as technology/food/music/sports/etc.) If so, please describe:

What are your plans or hopes for after law school?

Do you speak a foreign language (including sign language)? If so, please list below:

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Are you involved in community service activities that you feel would be relevant to Clinic work, or have you been in the past? If so, please describe your participation:

Have you taken a Clinic before? (Check one): Yes No

If yes, please list:

Why would you like to participate in the Community Development Clinic and what do you hope to get out of your participation in Clinic?

Will you be working during your time in Clinic? If so, where and how many hours per week?

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Work History/Resume

Please attach a copy of your resume or additional sheets providing your work/volunteer history for the past five (5) years. The work history information should include the employer/volunteer organization name; city and state; start and end dates of employment (month/year); work title; and brief description of the work you performed. This information will aid in the Clinic's identification of any potential conflicts with CDC Clients.

By signing below, you certify that the information provided in connection with this Application is true and complete to the best of your knowledge.

Signature: _____ Date: _____

Thank you for your interest in enrolling in the Community Development Clinic!

**Please return this completed Application with required attachments to the
Law Enrollment Center (LEC) at UMass Law.**

**If you should have any questions, please contact Crystal Desirey, Clinical Programs Coordinator,
using the contact information provided below:**

*Crystal Desirey, Clinical Programs Coordinator
Community Development Clinic
UMass School of Law – Dartmouth
333 Faunce Corner Road
N. Dartmouth, MA 02747
Email: cliniccoordinator@umassd.edu
Phone (Direct Line): 508-985-1180
Clinic Fax: 508-985-1136*

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CONFLICT OF INTEREST FORM

COMMUNITY DEVELOPMENT CLINIC

UNIVERSITY OF MASSACHUSETTS SCHOOL OF LAW

NAME

The purpose of this form is to determine if there are any real or potential conflicts of interest which would jeopardize the confidentiality and loyalty required of you in the Clinic. Therefore, please take time to answer these questions thoughtfully and completely (attach additional sheets if necessary). You are obligated to submit any updates or changes to this form while enrolled in the Clinic (for example, if you accept a job during your time in the Clinic).

1. CURRENT LEGAL EMPLOYMENT (MARPC 1.7, 1.10)

Are you currently working or volunteering (include an externship) for a law firm, legal services office, corporate legal department, government agency or any other provider of legal services?

Yes. If yes, answer the following No. Continue on to 2 below.

Where are you employed or volunteering?

On what types of cases are you (or will you be) working?

What legal assistance does the organization need?

2. PAST LEGAL EMPLOYMENT (MARPC 1.9, 1.11) (PAID, VOLUNTEER OR EXTERNSHIP, AS LAW STUDENT OR OTHERWISE)

Have you ever worked or volunteered for any office listed in Question 1?

Yes. If yes, answer the following No. Continue on to 3 below.

Where have you worked or volunteered?

On what types of matters or cases did you work at each place?

3. OFFICE SHARING

If you work(ed) for an attorney or attorneys who share office space with other attorneys, please list the names of the other attorneys below.

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4. FUTURE EMPLOYMENT

Please list any entities for which you will work (have an offer of employment) or with which you have interviewed for future employment, including law firms, legal services offices, corporate legal departments, government agencies, etc. This section expressly includes clerkships. If you have had any communication other than sending a resume please list them. If you subsequently hear from any potential employer (other than confirming receipt of your resume or application), you are required to update this form. Please list the complete name of the entity.

5. VOLUNTEER ACTIVITIES AND AFFILIATIONS

Please state any other non-legal job, volunteer position or Board affiliation you will hold during your semester in the Clinic.

6. OTHER POTENTIAL CONFLICTS

Please list any other facts or circumstances which could potentially pose a conflict of interest for your participation in the Clinic, such as personal financial or family interests that could present conflicts of interest for you in the Clinic.

I certify that the above information is true and complete to the best of my knowledge. I certify that if any of the answers change or are no longer be true, I will promptly notify the Director of the Clinic.

ELECTRONIC SIGNATURE:

DATE: