

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

Human Rights at Home Clinic

STUDENT APPLICATION

(Updated 02/17/2023)

Please return this completed form to the Law Enrollment Center (LEC) to be considered for enrollment in the Human Rights at Home 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/co-requisite course requirements.

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 (check one): 2L 3L 4L

UMass Law Program (check all applicable): Day Evening Full-Time Part-Time

Expected Date of Graduation from UMass Law? _____

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

If yes, with which other school? _____

Experience is not required, but if you have any experience with human rights issues, please provide a general overview below (e.g., legal or non-legal work experience; courses, etc.):

Have you or anyone close to you been involved in a domestic violence or stalking situation?

Yes No

Do you have any other skills or interests that may be helpful to this Clinic's work? (e.g., specialized knowledge in a particular subject area that may relate, etc.) If so, please describe:

Although this response will not give priority for acceptance into the clinic, please let us know if you speak or read a foreign language (including sign language) by listing below:

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

Do you plan to work outside of the Clinic? Yes No

Where and for how many hours? _____

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

If yes, please list:

How many credits in addition to the Clinic do you plan on taking? _____

Why would you like to participate in the Human Rights at Home Clinic and what do you hope to get out of your participation in Clinic?

Clinics require serious time commitments. The commitment for the HRAH Clinic is between 10-20 hours per week depending on the number of credits for which you enroll. The time commitment includes your work on projects and cases, meetings with your peers or the professor. Time spent preparing for class is not included. Do you expect to participate in any additional activities outside of your normal law school courses during your enrollment in Clinic that will require an extensive time commitment? If so, please describe the activities and whether you feel this involvement may interfere with your participation in Clinic:

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 Clients.

In most semesters, applicants will be interviewed as part of the application process.

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: _____

*We work with facilities that sometimes need to conduct clearance checks. The facility has the discretion to preclude the entry of those with a criminal background; this may prevent your participation in this Clinic. If you have this issue, please speak with Professor Drew to have a confidential discussion about the details and come to an appropriate resolution.

Thank you for your interest in enrolling in the Human Rights at Home Clinic!

Please return this completed Application with required attachments to the Law Enrollment Center (LEC) at UMass Law or to 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 - Outside Work Form

If you work in a legal setting outside of the clinic, you must complete this form in detail. It is likely that if you hold such a position, whether you are or were paid or not, or whether you received credit or not, there will need to be conflict checks done both in the clinic and in your off site workplace.

Clinic Student's Name:

Name of Outside Employer (if none, write N/A)

Contact Information for Outside Employment:

For those who work in private firms or legal services:

Please list the names of all attorneys in the firm and any attorneys who share space with the firm.

Describe what you do at this job:

If your significant other is a lawyer or judge, please list the name of that individual's employer or partners or associates:

If you live someone who is an attorney or legal intern, please list the name of this person's employer, partners or associates:

If you work for or live with a member of the judiciary or someone who works for a court, please list the name of that individual's employer:

If you had a legal employer in the past, including the legal department of a governmental agency or corporation, please list the names and addresses of your former legal employers and the dates of your employment:

If you have accepted employment in the future with a lawyer, law firm or other legal employer, please list the name and address of your future employer:

If you know of any other potential conflict, perhaps due to other employment that you have or had, or any other reason that may give rise to a conflict, please list the relevant information here:

If any of the information on this form changes during your enrollment in the clinic, you have a duty to supplement this form.

If you have retained a Massachusetts attorney for any reason, please provide the attorney's contact information as well as the dates of your professional relationship.

Please discuss any other circumstance that you believe could create a possible conflict of interest.

Signed _____

Date _____