



158 George Street  
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[www.communitylegalcentre.ca](http://www.communitylegalcentre.ca)

### Paralegal Placement Student Application

Thank you for your interest in a clinic law placement at the Community Advocacy & Legal Centre (CALC).

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Please attach a resume that details your work, volunteer and school experience.

Which community college do you attend? \_\_\_\_\_

#### **Area of Law Preferred:**

- Poverty Law: Income Security   
Poverty Law: Housing/Tenants   
Poverty Law: Workers Rights   
Poverty Law: Vulnerable Communities  (CICB/Special Education/Deaf Services)

#### **How many hours/days per week would you be available? (Check all that apply)**

- 3-4 hours     5-6 hours     7-8 hours

#### **Which days of the week are you available for your placement? (Check all that apply)**

- Monday     Tuesday     Wednesday     Thursday     Friday

How many hours do you need to fulfill? \_\_\_\_\_

Are you willing to volunteer for extra hours? If so, how many? \_\_\_\_\_

**Placement Date: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Why are you interested in a placement at CALC?**

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**Other:** \_\_\_\_\_

**Languages spoken or written:**

English       French       ASL (American Sign Language)

**Other:** \_\_\_\_\_  
(Please specify)

**Do you have any health or physical restrictions that we need to accommodate? How can they be accommodated?**

\_\_\_\_\_

**Other things we should know about you:**

\_\_\_\_\_

\_\_\_\_\_

**References: (Preferably someone with whom you have worked/volunteered)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Authorization to complete reference check)

Please return this application form, send a copy of your resume and cover letter via email to [morganl@lao.on.ca](mailto:morganl@lao.on.ca).