

Volunteer Lawyers for the Arts (VLA)

Attorney Application

General Information

Name _____ Title _____

Work Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____ Fax Number _____

Work Email: _____ Use this account

Home Email: _____ Use this account

Do you check email daily? Y N

Link to your profile on your firm's website (if applicable) _____

Educational Background

Degree(s)	School	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Jurisdiction	Date Admitted/Expected
_____	_____
_____	_____
_____	_____
_____	_____

Pennsylvania Supreme Court ID Number: _____

Foreign Languages that you speak fluently: _____

Please outline any specific goals you have in serving as a VLA:

Practice Areas

Please indicate the areas in which you have experience **(E)** or interest **(I)**. Check all that apply.

<input type="checkbox"/>	<input type="checkbox"/>	Artist/Gallery Agreements	<input type="checkbox"/>	<input type="checkbox"/>	Intellectual Property/Copyright
<input type="checkbox"/>	<input type="checkbox"/>	Author/Agency/Publisher Relations	<input type="checkbox"/>	<input type="checkbox"/>	Labor
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Business/Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Relations
<input type="checkbox"/>	<input type="checkbox"/>	Collections/Small Claims	<input type="checkbox"/>	<input type="checkbox"/>	Litigation
<input type="checkbox"/>	<input type="checkbox"/>	Contract Law	<input type="checkbox"/>	<input type="checkbox"/>	Nonprofit Law/Governance
<input type="checkbox"/>	<input type="checkbox"/>	Defamation	<input type="checkbox"/>	<input type="checkbox"/>	Tax Law
<input type="checkbox"/>	<input type="checkbox"/>	First Amendment	<input type="checkbox"/>	<input type="checkbox"/>	501(c)(3) Nonprofit Filing
<input type="checkbox"/>	<input type="checkbox"/>	General Practice	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Immigration	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Insurance Information

VLA Attorneys working on VLA cases for **clients who reside within Allegheny County ARE** covered by the malpractice insurance of the Pro Bono Center of the Allegheny County Bar Association.

VLA Attorneys working on VLA cases for **clients who reside outside of Allegheny County are NOT** covered by this insurance. These cases will be clearly identified when presented to VLA attorneys.

Please choose one of the following options with regard to these cases:

- I do not wish** to take clients who reside outside of Allegheny County
- I am willing** to take clients who reside outside of Allegheny County, and **I have other malpractice insurance** that will cover my work on these cases. I understand that my work on these cases is NOT covered by the VLA malpractice insurance provided through the Pro Bono Center of the Allegheny County Bar Association.

Other Ways to Participate

I am interested in the following (Check all that apply):

- Joining the **Arts & Law Committee** of the Allegheny County Bar Association
- Writing a 300-400 word arts & law feature for the Arts Council's monthly **Update newsletter**.
- Serving as a **mentor/advisor** for other VLA attorneys in my area(s) of expertise
- Teaching a **workshop** for artists/arts administrators about an arts law issue
- Teaching at a **CLE seminar** for attorneys about arts law issues
- Participating in a quarterly **legal clinic** for the arts community
- Serving as the **VLA coordinator** for my law firm
- Serving on the **board of directors** of an arts organization
- I would be pleased to help another attorney with his/her VLA case
- I would be pleased to allow a law student to observe my session with a VLA client, providing that the client has signed a release form granting permission
- Send me information about becoming a **Member** of the Greater Pittsburgh Arts Council

Applicant Signature (please type if submitting by email)

Date

Submit by Email: Please save this document for your records, and email it as an attachment to David Seals at dseals@pittsburghartscouncil.org.

Submit by Mail or Fax: Mail to the Greater Pittsburgh Arts Council - VLA, 707 Penn Avenue, 2nd Floor, Pittsburgh, PA 15222-3401, or fax to 412.394.4280.

Questions? Contact David Seals at dseals@pittsburghartscouncil.org or 412.391.2060 x227.