



Lawyer Assistance Program Volunteer Application Form

The Lawyer Assistance Program (LAP) is available to all lawyers in Maryland and is committed to providing assistance to lawyers, judges, and law school students facing substance abuse, addiction, or mental health complications. LAP offers assessment, referral, short-term counseling, and continued support to insure long term success.

This application form is confidential, and will not be shared with anyone without your express consent.

Please fill out the form below and send the completed version to Lisa Caplan, LCSW-C, at lisa@msba.org. If you have any questions, please contact us via live chat at MSBA.org, emailing lisa@msba.org, or by calling (443) 703-3042.

Email:

Last Name:

First Name:

Preferred Pronouns:

- She/her
- He/him
- They/them
- Prefer not to answer
- Other

Preferred Address:

Street Address

City

State

ZIP Code

Phone:

Preferred method of contact:

Email

Phone

Consent to contact electronically?

Yes

No

I am a member of the MSBA.

Yes

No

What area(s) of law do you work in?

Do you have any other areas of expertise or degrees that may benefit LAP? If so, what are they?

Area of professional practice (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All Counties in Maryland | <input type="checkbox"/> Harford |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Howard |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Kent |
| <input type="checkbox"/> Baltimore (County) | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Baltimore (City) | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Calvert | <input type="checkbox"/> Queen Anne's |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Cecil | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Charles | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Dorchester | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Frederick | <input type="checkbox"/> Worcester |
| <input type="checkbox"/> Garrett | <input type="checkbox"/> Other: |

Schools attended in Maryland?

- Yes
- No

If yes, which schools?

- University of Maryland School of Law
- University of Baltimore School of Law
- Other:

Are you willing to engage in outreach to Maryland schools on behalf of LAP?

- Yes
- No
- Maybe (Explain:)

MSBA LAP meets virtually or in person from 4:30 - 6:00 pm, on the first Wednesday of every other month. Check below to commit to best efforts to attend these meetings, barring unforeseen circumstances.

- Yes
- No

I am qualified to volunteer for MSBA LAP for the following reason(s) (check all that apply). If more than one issue applies, type what you believe is your primary issue in "Other" below.

- I have been in recovery from alcoholism or other addiction for at least three years (e.g. drugs, gambling, sex, etc.)
- I am in recovery from a mental health issue (e.g. depression, anxiety, ADHD, etc.)
- I am in recovery from a long-term physical illness (e.g. lupus, multiple sclerosis, HIV/AIDs, etc.)
- I am not in recovery, but have professional experience that I believe would be helpful to MSBA LAP.
- I am not in recovery, but have been affected by the related issue of someone close to me.
- Other:

I have received treatment, am currently receiving treatment, or am otherwise active in my recovery (e.g. 12-step meetings, therapy, etc.).

- Yes
- No
- N/A

Treatment experience:

- Detox
- Intensive Outpatient
- Inpatient/Residential
- Outpatient
- N/A
- Other:

Length of continuous recovery (the length of time which you would say you have been in recovery from your primary issue):

- 3 - 5 years
- 5 - 10 years
- 10 - 15 years
- 15 - 20 years
- 20+ years
- N/A

Why do you want to volunteer for MSBA LAP? Please provide a general statement of interest below. You can include any other information you think the MSBA LAP leadership should consider with respect to your application, such as other relevant life experience, educational experience, or professional experiences that make you want to volunteer for MSBA LAP.

I expressly consent for the information contained in this form to be shared with MSBA LAP leadership responsible for reviewing volunteer applications.

- Yes
- No

I understand that if my volunteer application is accepted, any information about other members and clients of MSBA LAP is to be kept strictly confidential.

- Yes
- No

I understand that if I fail to keep information about other members and clients of MSBA LAP confidential as required, I will be removed from the program.

- Yes
- No

I further understand that the MSBA LAP program provides no protection from any civil, criminal, or professional consequences resulting from my failure to keep information confidential as required.

- Yes
- No

I have read and understand the Important Information sheet.

[\(Click here to access the sheet\)](#)

Yes

No