



## VOLUNTEER APPLICATION

*Required fields are outlined in red.*

Position for which you are applying.

The purposes of this form are: (1) to assist in making inquiries concerning the qualifications of candidates, and (2) to obtain general information for use in public releases about the selected candidates.

Name  
Last Name
First Name
M.I.
State Bar No.

Legal Residence  
Street
City
ST
Zip+4
County

Business Address  
Street
City
ST
Zip + 4
County

Residence Telephone  
Business Telephone  
Ethicity (optional)

Email

Date you became a member of the State Bar of Arizona

Other affiliations/  
 Dates of admission

**Required if applying for one of the Judicial Nominating Commissions**

Political Party Affiliation

I reside in Supervisorial District (1, 2, 3, 4, or 5)

*To find out what district you reside in, contact the County Elections Dept.*

**POST HIGH SCHOOL EDUCATION:** (con't. on next pg.) (provide attachment if you need additional space)

Colleges/Universities			
Special Courses	Location	Dates	Degree

**POST HIGH SCHOOL EDUCATION:** (provide attachment if you need additional space)

Colleges/Universities Special Courses	Location	Dates	Degree
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EMPLOYMENT: List major paid employment during the past 15 years chronologically, beginning with most recent experience. (provide attachment if you need additional space)

Dates (from/to)	Employer and Position Held	Address	Employment Reference Contact, Phone, Email
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List major areas of law practice

Have you ever been disciplined by the State Bar of Arizona?      Yes      No

By any Bar?      Yes      No

If yes, why?

Have you ever served in a judicial capacity  
(including Judge Pro Tem) in Arizona?

I am a Fellow of the Arizona Foundation for Legal Services & Education.            Yes            No

I am a graduate of the State Bar of Arizona's Bar Leadership Institute.            Yes            No

**BAR SERVICE:** List significant volunteer Bar activities during the past 10 years chronologically, beginning with most recent service. Please indicate if you are a member of the American Bar Association and list your involvement in ABA activities. (provide attachment if you need additional space)

Dates (from/to)	Organization/Position Held	Activities
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**COMMUNITY VOLUNTEER SERVICE:** Chronologically list significant community volunteer activities during the past 10 years beginning with the most recent service. (provide attachment if you need additional space)

Dates (from/to)	Organization/Position Held	Activities
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**COMMUNITY VOLUNTEER SERVICE (con't):** Chronologically list significant community volunteer activities during the past 10 years beginning with the most recent service (**provide attachment if you need additional space**)

Dates (from/to)	Organization/Position Held	Activities
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Describe why you are interested in serving in this professional activity. Include information not already mentioned about yourself, your experience and background that support your interest.

List names, addresses, phone numbers **and** email addresses of three people who are not in your law firm and to whom you are not related that can be contacted as references.

Name	Address	Phone Number	Email Address
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List names, addresses, phone numbers, and email addresses of three attorneys who were opposing counsel or on the other side of your matter.

Name	Address	Phone Number	Email Address
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Signature (permissible to insert a digital signature)

Date

Please sign and return your completed application to:

Carrie Sherman  
Director of Board Operations  
State Bar of Arizona  
4201 N. 24th Street, Suite 100  
Phoenix, AZ 85016-6266

Alternatively, email your application to [Carrie.Sherman@staff.azbar.org](mailto:Carrie.Sherman@staff.azbar.org). Receipt of each application will be confirmed.

I am also interested in serving on the following entities (please check all that apply). Any vacancies will also be handled through the State Bar's Standing Appointments Committee:

American Bar Association House of Delegates

City of Phoenix Judicial Selection Advisory Board

Arizona Commission on Appellate Court Appointments

City of Scottsdale Judicial Appointments Advisory Board

Arizona Commission on Judicial Conduct

City of Surprise Judicial Selection Advisory Commission

Arizona Commission on Judicial Performance Review

City of Tempe Judicial Advisory Board  
Client Protection Fund Board of Trustees

Arizona Bar Foundation Board of Directors

Coconino County Commission on Trial Court Appointments

Arizona Supreme Court Committee on Character & Fitness

Community Legal Services Board of Directors

Arizona Supreme Court Committee on Examinations

DNA - People's Legal Services, Inc. Board of Directors

City of Avondale Judicial Advisory Board

Maricopa County Commission on Trial Court Appointments

City of Glendale Judicial Selection Advisory Board

Pima County Commission on Trial Court Appointments

City of Mesa Judicial Advisory Board

Pinal County Commission on Trial Court Appointments

City of Peoria Judicial Selection Advisory Board

**STATE BAR OF ARIZONA APPOINTMENTS COMMITTEE  
AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, Bar No. \_\_\_\_\_  
on \_\_\_\_\_, having submitted an application for appointment to the \_\_\_\_\_,  
do hereby consent and authorize the State Bar of Arizona Lawyer Regulation Records Manager, the Arizona Commission on Judicial Conduct personnel, or any other disciplinary authority having control of any documents, records and other information pertaining to me, to furnish to the State Bar of Arizona Appointments Committee all information regarding any disciplinary records, if requested, including documents, records, files regarding charges or complaints filed against me at any time, formal or informal, pending or closed, public or confidential, or any other pertinent information regarding my disciplinary history, if such exists.

By authorizing the release of the information requested, I specifically release the State Bar of Arizona and the Arizona Commission on Judicial Conduct, including any and all directors, officers, managers, supervisors, employees, personnel and agents, from any and all liability for damages or claims of any nature that could be made regarding the information provided.

A reproduced copy of this Authorization shall be considered the same as the original.

Signature (permissible to insert a digital signature)

Date