



The State Bar of California

180 Howard Street, San Francisco, CA 94105

APPOINTMENTS OFFICE

appointments@calbar.ca.gov

Application for Appointment to Serve on State Bar Committees

Application Instructions

- ☐ **Assemble** application packet in the following order: (1) application, signed and dated; (2) resume or biography (5 page maximum); (3) letters of recommendation (optional, 3 letter maximum).
- ☐ **Submit** a separate application packet for each committee to which you are applying. Application packets may be submitted electronically, but all documents must be provided in a single, scanned PDF, organized as directed above, sent to appointments@calbar.ca.gov.

Deadline: Applications are accepted year-round; however, if you would like to be considered for appointment for 2022, please submit your application by April 1, 2022.

Application for Appointment to Serve on State Bar Committees

NAME:

STATE BAR NUMBER:
(California attorneys only)

Check here if you are an attorney but not admitted to practice in California:

Employer/Firm/Agency:

Address:

City/State/Zip Code:

Daytime Phone Number:

Email address:

Committee Appointment Sought

- | | |
|--|---|
| <input type="checkbox"/> California Board of Legal Specialization | <input type="checkbox"/> Committee on Professional Responsibility and Conduct |
| <input type="checkbox"/> Client Security Fund Commission | <input type="checkbox"/> Committee on State Bar Accredited and Registered Schools |
| <input type="checkbox"/> Committee of Bar Examiners | <input type="checkbox"/> Council on Access and Fairness |
| <input type="checkbox"/> Commission on Judicial Nominees Evaluation | <input type="checkbox"/> Lawyer Assistance Program Oversight Committee |
| <input type="checkbox"/> Commission on Judicial Nominees Evaluation – Review Committee | <input type="checkbox"/> Legal Services Trust Fund Commission |

HOW DID YOU LEARN OF THE VACANCY? (Check all that apply)

- ☐ Board of Trustees member (*name*):
- ☐ State Bar committee member (*name*):
- ☐ Colleague
- ☐ Bar Association:
- ☐ State Bar website
- ☐ Social media
- ☐ Email/Newsletter
- ☐ Other (specify):

WHICH ONE OF THE FOLLOWING BEST DESCRIBES YOUR OCCUPATION? (Check one; specify if requested)

Nonlawyer Applicants

- ☐ Financial professional
- ☐ Medical or health professional
- ☐ Education professional
- ☐ Business professional
- ☐ Government professional
- ☐ Retired
- ☐ Other (please specify):

Attorney Applicants

- ☐ Private sector attorney working in a law firm
- ☐ Solo practitioner
- ☐ In-house counsel
- ☐ Public sector attorney
- ☐ Legal services attorney
- ☐ Attorney not practicing law (please specify):
- ☐ Retired
- ☐ Other (please specify):

If you selected "Private sector attorney working in law firm" above, **WHAT IS THE SIZE OF THE FIRM?** (Check one)

- ☐ 2–5 attorney firm
- ☐ 6–10 attorney firm
- ☐ 11–25 attorney firm
- ☐ 26–50 attorney firm
- ☐ 51–100 attorney firm
- ☐ 101–200 attorney firm
- ☐ 200+ attorney firm

PRACTICE AREAS (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Admiralty and Maritime | <input type="checkbox"/> International |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Appellate | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Mediation/Arbitration |
| <input type="checkbox"/> Business | <input type="checkbox"/> Media, Sports, and Entertainment |

- ☐ Civil Litigation
- ☐ Civil Rights/Constitutional Law
- ☐ Commercial/Sale of Goods
- ☐ Consumer Protection
- ☐ Criminal
- ☐ Disability Rights
- ☐ Education
- ☐ Elder Abuse
- ☐ Employment/Labor
- ☐ Energy/Environment
- ☐ Family
- ☐ Franchise and Distribution
- ☐ Health care

- ☐ Military Law and Veterans
- ☐ Personal Injury
- ☐ Personal Property, Sales, and Leases
- ☐ Privacy, Data Security and Cyber Security
- ☐ Professional Malpractice (Medical, Legal, Other)
- ☐ Real Estate
- ☐ Taxation
- ☐ Trusts
- ☐ Workers and Compensation
- ☐ Wills & Estates
- ☐ Tribal Law
- ☐ Other (please specify):

CERTIFIED SPECIALIST PRACTICE AREAS:

VOLUNTEER SERVICE. List prior and current volunteer service with the State Bar, the California Lawyers Association, local/affinity/specialty bar associations, community, or other organizations. Please focus on activities that prepare you for the committee to which you are seeking to be appointed.

STATEMENT OF INTEREST. Please state why you wish to serve on the committee and what you can contribute that makes you a good candidate for appointment.

EXPERIENCE. Describe any prior experience you have had with the committee.

ADDITIONAL BACKGROUND. Describe any additional background relevant to your appointment to the committee, including, but not limited to, how you can contribute to its diversity and broad composition.

Diversity

All applicants are encouraged to provide the following information to help the State Bar meet its diversity goals.

Gender Identity

If you selected “Other”, please specify:

Race/Ethnic Group (choose all that apply)

- ☐ Hispanic/Latino
 - ☐ Mexican
 - ☐ Puerto Rican
 - ☐ Cuban
 - ☐ Central American
 - ☐ South American
 - ☐ Other Hispanic (please specify):
- ☐ White
- ☐ Black or African American
- ☐ Asian
 - ☐ Chinese
 - ☐ Korean
 - ☐ Japanese
 - ☐ Southeast Asian
 - ☐ Filipino

- ☐ South Asian
- ☐ Other Asian (please specify):
- ☐ Middle Eastern or North African
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other race, ethnicity, origin (please specify):

Which of the following best applies you? (Choose all that apply):

- ☐ Cisgender
- ☐ Transgender
- ☐ Intersex
- ☐ Not listed (please specify):

How do you describe your sexual orientation or sexual identity (Choose all that apply):

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Heterosexual
- ☐ Pansexual
- ☐ Asexual
- ☐ Not listed (please specify):

Do you identify as a person with a disability?

If yes, select all that apply

- ☐ A vision impairment
- ☐ A hearing impairment
- ☐ A mobility impairment
- ☐ A learning disability
- ☐ A disability or impairment not listed above

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

What age group describes you?

SIGNATURE. Sign and date your application.

Signature: _____ Date: _____
(If you type your name on the signature line, please include the symbol "/s/" to show this is your signature.)

Application Checklist

- ☐ Application form with all questions answered
- ☐ Attach resume or biography (5 page maximum)
- ☐ Attach optional letters of recommendation (3 letter maximum)
- ☐ Sign and date the application
- ☐ Submit the application