

CHIRLA/ILRC 40 Hour Immigration Paralegal Training Application for Participants

PART I. REGISTRATION INFORMATION

Name:

Phone:

Fax:

Agency:

Job title:

Address:

Zip:

E-mail address:

How long have you been at your agency?

Is your agency ___ for profit ___ not-for-profit (check one)

Your supervisor (name and phone)

.....
What types of immigration cases does your agency work on?

- | | |
|---|---|
| <input type="checkbox"/> Legalization, SAW | <input type="checkbox"/> Family unity |
| <input type="checkbox"/> Registry | <input type="checkbox"/> Immigrant visas/Adjustments |
| <input type="checkbox"/> Nonimmigrant student/visitor visas | <input type="checkbox"/> Nonimmigrant work visas |
| <input type="checkbox"/> Asylum (applications to INS) | <input type="checkbox"/> Asylum (applications to Judge) |
| <input type="checkbox"/> Suspension/Cancellation | <input type="checkbox"/> ABC/TPS/DED |
| <input type="checkbox"/> Naturalization | |

Other (please describe):

Is your agency considering providing services in any of these areas in the future?

- How is your agency funded? Foundations grants
 Fees/donations for service
 Individual contributions
 Other (please describe):

PART II. INFORMATION ABOUT YOU

(We are not necessarily looking for applicants with the most experience or education)

How long have you worked in immigration advocacy?

Approximately how many cases have you personally worked on in the following areas?

- | | |
|---|---|
| <input type="checkbox"/> Legalization, SAW | <input type="checkbox"/> Family unity |
| <input type="checkbox"/> Registry | <input type="checkbox"/> Immigrant visas/Adjustments |
| <input type="checkbox"/> Nonimmigrant student/visitor visas | <input type="checkbox"/> Nonimmigrant work visas |
| <input type="checkbox"/> Asylum (applications to INS) | <input type="checkbox"/> Asylum (applications to Judge) |
| <input type="checkbox"/> Suspension/Cancellation | <input type="checkbox"/> ABC/TPS/DED |
| <input type="checkbox"/> Naturalization | |

Other (please describe):

What other training have you received in the past? Please describe:

Are you an accredited representative? Full or partial?

If not, do you plan to apply in the near future?

What are your future career plans?

Why do you want to participate in this training program?

At which level did you end your formal education?

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> no formal education | <input type="checkbox"/> high school | <input type="checkbox"/> post-graduate |
| <input type="checkbox"/> elementary school | <input type="checkbox"/> college | <input type="checkbox"/> vocational school |

Optional: For diversity purposes, what is your ethnic/cultural background?

Please return this application **no later than Friday, October 5, 2007** to

Submit through e-mail (gsimons@chirla.org) or fax

Coalition for Humane Immigrant Rights of Los Angeles – CHIRLA

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