

LAWYERS ASSISTANCE COMMITTEE / VOLUNTEER OPPORTUNITIES

Who We Are

Originally, the Lawyers Assistance Committee (“LAC”) was established to assist Delaware lawyers and judges whose addiction and substance abuse problems interfered with their personal professional lives. Today, LAC has expanded their scope to include, but not limited to, issues of substance abuse/dependence, depression, gambling addiction physical illness, mental health problems, career transition and retirement. This long-standing Committee remains the backbone of the Delaware Lawyers Assistance Program (DE-LAP) and is a network of over 20 Delaware attorneys and judges who have volunteered their time to help fellow members of the bench and bar.

Members of LAC represent a diverse group of lawyers and judges in every sense of the word. They have a wide-range of practice areas and professional experiences and are drawn from all three counties. LAC has regular meetings where advocacy, policy and strategic issues are discussed. These meetings are held in all three counties and are hosted by LAC members of each particular county.

Our Volunteers

Some of our volunteers are in recovery and have personally experienced mental health challenges such as stress, anxiety, depression, bipolar disorder, substance abuse, alcoholism, addiction to prescription or other drugs, problem gambling, eating disorders, compulsive behaviors and the like. All of our volunteers recognize the consequences these problems have on family, friends and colleagues and have chosen to give their time because of their commitment to help their brothers and sisters in need.

Interested in Becoming a Volunteer?

If you want to experience the joy of helping others, please complete our Volunteer Application and Agreement and/or contact us:

Carol P. Waldhauser
Executive Director
Delaware Lawyers Assistance Program (DE-LAP)
cwaldhauser@de-lap.org

R.J. Scaggs, Jr., Esquire
Lawyer Assistance Committee (LAC)
Committee Chair
rscaggs@mnat.com

**DELAWARE LAWYERS ASSISTANCE COMMITTEE
VOLUNTEER APPLICATION AND AGREEMENT**

I hereby confirm my desire to volunteer as a member of the Delaware Lawyers Assistance Committee ("LAC") and my willingness to have the fact of such membership disclosed to members of the bar, bench and public.

I agree to participate fully in LAC's activities, including its educational and training programs, and to keep well informed on the policies and procedures established for the proper performance of the LAC's work.

Applicant Information

Name: _____

Mailing Address: _____

Telephone Number: _____

Email: _____

**During which hours are you available for volunteer educational and training sessions?
Please check all that apply.**

- Weekday Mornings/Afternoons
- Weekday Evenings
- Weekends

How many hours a month are you available to volunteer?

- 1 - 4 Hours per Month
- 5 - 10 Hours per Month
- 10+ Hours per Month

With which of the following items are you willing and able to help lawyers needing assistance? Please check all that apply.

- Speak at a CLE
- Speak at a law school
- Monitor someone under contract
- Be a liaison to a 12-step program (meet the person at meetings, introduce them, etc.)
- Sponsor someone/take them through the steps

- Participate in an informal DE-LAP intervention (where you call and/or visit a lawyer in distress)
- Lawyers struggling with mental health issues (e.g., stress, anxiety, depression)
- Lawyers struggling with substance addictions (e.g., alcohol, drugs)
- Lawyers struggling with process addictions (e.g., gambling, sex, internet)
- Lawyers struggling with physical illness
- Career Transition
- Retirement
- Procrastination

Personal Bio: (Please include anything you think could be relevant in terms of trying to help another lawyer. This information will be used for internal purposes only when trying to match people with similar stories or life circumstances.)

Confidentiality

I understand that as a member of the Lawyers Assistance Committee

- I may be exposed to confidential information about attorneys, judges and others and

- Maintaining confidentiality is critical to the continued success of the Delaware Lawyers Assistance Program (“DE-LAP”) in its efforts to assist impaired attorneys and judges.

I agree that I will treat private information received in my role as a member of the Lawyers Assistance Committee in the strictest of confidence, subject to the attorney client privilege (meaning I will not share it with my spouse, my 12-step sponsor, other members of the Lawyers Assistance Committee or anyone else other than a DE-LAP staff person) and will follow DE-LAP policies and guidelines concerning private information. Further, I understand and agree that my failure to abide by these policies may result in my immediate termination as a member of the Delaware Lawyer Assistance Committee.

SIGNATURE _____ **DATE** _____

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