

Washington State/TILE Patent Pro Bono Hub

VOLUNTEER INTEREST FORM

Contact / Firm Information			
Last Name	First Name		Middle Initial
Firm / Company Name	'		'
Firm / Company Street Address			
City Sta	te	Zip	Direct Telephone / /
Direct E-mail			
Does your Firm have a Pro Bono Coordinator? ☐ Yes ☐ No			
Name of Pro Bono Coordinator (if known)			
E-mail for Pro Bono Coordinator (if known)			
May we identify you (and your firm affiliation) on our website or blog as being a volunteer? Yes No			
Practice Information			
In what areas do you practice patent prosecution (check all that apply)? ☐ Mechanical ☐ Electrical			
☐ Chemical ☐ Business Methods ☐ Software ☐ Biotech ☐ Other			
Are you interested in being paired with another practitioner? Yes No			
If so, what is your preference (check all that apply)?			
I can mentor others I would prefer to be paired with a private			
I can handle a case but not mentor others practice / law firm volunteer			
I would prefer to have mentoring when I work on a case			
LICETO Degistration Number:			
USPTO Registration Number:			
I am a Patent Attorney Patent Agent			
Are you registered and in good standing to practice before the USPTO? ☐ Yes ☐ No			
Malpractice Insurance Certification			
Will your pro bono work representing clients in patent matters be covered at all times by a malpractice insurance policy? Yes No			
If so, are you able to make this certification on behalf of all patent professionals at your law firm or patent			
department? ☐ Yes ☐ No			
Volunteer Acknowledgements			
By signing below, I confirm that the information provided in this form is true and complete to			
the best of my knowledge.			
Signature:			Date: / /