CONTACT INFORMATION

TEMPLATE

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **License Number** |  |
| **Employer** |  | **\*Email** |  |

\*Email will be the primary means of contact

MENTEE ACKNOWLEDGMENT

[ ]  I am an active Washington State Bar Association member and in good standing for five or more years.

[ ]  I understand that no client information may be discussed with my Mentor in accordance with RPC 1.6.

[ ]  I understand that if I am matched with someone in my firm, I must notify the organization immediately.

[ ]  I will not co-counsel with my Mentee.

[ ]  I understand that I can claim only “other” or “ethics” credits.

[ ]  I agree to attend an orientation specific to this program.

[ ]  I agree to dedicate the time necessary to the mentoring relationship. If for any reason, I cannot continue my mentoring relationship, I will notify the organization right away.

ABOUT YOU

|  |  |
| --- | --- |
| Undergraduate School |  |
| Major |  |
| Law School |  |
| Year of Graduation |  |
| Year Admitted to WSBA |  |
| Practice Area(s) |  |
| Other Legal Jurisdictions |  |
| Other Professional Organizations |  |
| WSBA or other professional activities |  |
| Volunteer Activities |  |
| Hobbies and Interests |  |

Why do you seek a Mentor?

**Check any or all of the following skills/areas you would like to mentor in:**

TEMPLATE

[ ]  Practice area –specific issues (based on the practice areas I listed previously)

[ ]  Law Office Management (may include technology)

[ ]  Court Appearance

[ ]  Research

[ ]  Substance abuse/mental health issues

[ ]  Resource for assessing career paths

[ ]  Resource for work-life balance

[ ]  Other:

**Type of Practice:**

[ ]  Of Counsel

[ ]  Emeritus Pro Bono

[ ]  Law Firm

[ ]  Government Office

[ ]  In-House corporate counsel

[ ]  Non-legal job

[ ]  Nonprofit Organization

[ ]  Solo

[ ]  Do not currently practice

[ ]  Other:

**Size of Firm:**

[ ]  1 lawyer

[ ]  2-9 lawyers

[ ]  10-39 lawyers

[ ]  40+ lawyers

[ ]  Do not currently practice

**Location of Practice:**

[ ]  Large urban area

[ ]  Medium-sized city

[ ]  Small city/rural area

[ ]  Do not currently practice

**Additional relevant information:**

BEING MATCHED

|  |  |
| --- | --- |
| [ ]  | Please match me with a mentor as needed |
| [ ]  | Please match me to:  |  |  |  |
|  | Name of Mentor | Mentor’s Bar Number (if Known) |