

CONTACT INFORMATION

Name _____ License Number _____
Employer _____ *Email _____
*Email will be the primary means of contact

MENTEE ACKNOWLEDGMENT

- I am an active member of the Washington State Bar Association and in good standing.
- 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 Mentor.
- I understand that I can claim only “other” or “ethics” credits if I qualify for CLE credit.
- 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 Program Coordinator 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 cover during the mentorship:

- 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
- Resources for assessing career paths
- Resources 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

Please list factors you would like the Program Coordinator to consider for pairing you with a mentor (e.g., location, medical/physical disability, religion, ethnicity, sexual orientation, gender, or any other matter you would like considered).

MENTEE APPLICATION

Please indicate why you are interested in tax law.

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)

Please return this form to the Program Coordinator (PathsMentorshipProgram@outlook.com).