

**COLUMBUS BAR ASSOCIATION
MINORITY CLERKSHIP PROGRAM
2012 EMPLOYER CONFIRMATION FORM**

Organization Name _____

Check One:

_____ Yes, our organization will participate in the 2012 Minority Clerkship Program.

_____ No, our organization will not participate in the 2012 Minority Clerkship Program. (Please skip the next section and proceed to **Contact Information.**)

Clerkship Information:

Please indicate the number of positions you have available for participants in the Minority Clerkship Program.

Our organization will hire _____ clerk(s) this summer from the CBA Minority Clerkship Program.

How many 1L's? _____

How many 2L's? _____

We anticipate the length of the clerkship will be: ___ 6 weeks or less;
___ 7-10 weeks; ___ 11 or more weeks.

Contact Information:

Please provide us with the contact information of the most appropriate person to contact if we have questions about your participation in the clerkship program.

Name _____

Title _____

Phone _____

E-mail Address _____

Please return this form no later than October 27, 2011 to:

Annette Hudson, Columbus Bar Association, 175 S. Third Street, 11th Floor, Columbus, Ohio 43215. Fax to Annette at 614-221-4850 or send via e-mail to annette@cbalaw.org