

**CBA Mentoring Program  
Mentor Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Firm or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Contact Information (if different than above): \_\_\_\_\_

Practice Type: \_\_\_ Large Firm (over 25 attys.) \_\_\_ Med. Firm (5-25) \_\_\_ Small Firm/Solo \_\_\_ Corp.  
\_\_\_ Gov. \_\_\_ Academic \_\_\_ Other (Specify) \_\_\_\_\_

Year Admitted: \_\_\_\_\_ Sup. Court No. \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

Practice Area(s) and Areas of Special Experience: \_\_\_\_\_

\_\_\_\_\_

Do you maintain professional responsibility insurance? \_\_\_\_\_

Below are some of the common goals our mentees. Please help us match you with an appropriate mentee, by rating your capability to assist with the following (**using a scale of 1 [strong] to 3 [not especially strong]**):

**1 2 3**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assisting with developing contacts in the legal community                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Providing advice on business development   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Providing advice on law firm management and politics                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Providing advice on client relationships   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Providing advice on how to become active in the CBA, boards or other organizations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Providing advice on work-life balance  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assisting with assessing career path and options                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Providing advice on running a solo practice  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Providing feedback to mentee   |

Additional information which would help us match you with an appropriate mentee (examples: preference(s) to be matched with someone of the same gender/ethnicity/ practice area/ geographical location).

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