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) |