



MENTORING PROGRAM PARTICIPATION FORM

Yes! I am interested in joining the WCBA Mentoring Program as a Mentor
 Mentoring Recipient

Name: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Areas of law in which I am experienced (minimum of five years' practice) and willing to mentor:
 need a mentor with experience in:

Please list three areas of law in which you are willing to mentor or would like to be mentored in.

First Preference _____

Second Preference _____

Third Preference _____

For Mentors Only:

Please list the amount of hours you would be willing to dedicate to the mentorship on a monthly basis.

I understand that this mentoring program does NOT constitute a legal partnership, that I am responsible at all times for using my own independent legal judgment and that the information and/or advice given creates no liability whatsoever in the mentor, the mentoring recipient or the Westchester County Bar Association.

Signature

Date

Please fax this form to: Mentoring Program at 914-761-9402 or mail to: WCBA, One North Broadway, Suite 512, White Plains, NY 10601, Attn: Mentoring Program.