

**The Missouri Bar
Mentoring Program
MENTOR APPLICATION**

Name _____ Bar No. _____

Firm/Company Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

E-mail: _____

Law School Attended: _____

Graduation Date: _____

Federal Court or Special Admissions: _____

Year of Admission in other states: _____

Please X all that apply to you:

Type of Practice

- Law Firm
- Of Counsel
- In-house
- Retired
- Government

Size of Practice:

- Solo
- 2-9 lawyers
- 10-39 lawyers
- 40+lawyers

Number of Years in Practice;

- Less than 5 years
- 6-10 years 11-15 years
- 16-20 years over 20 years

Location of Practice;

- Large Urban area
- Medium-size town
- Rural area/small town

Skills:

- Computer/Technology
- Litigation
- Administrative
- Appeals

- Regulatory board appearances
- Research
- Federal Court Practice

Other: _____

Areas of Practice:

(Select up to 3 areas that best describe your area(s) of practice.)

- _____ admin/governmental
- _____ antitrust
- _____ arbitration/mediation
- _____ bankruptcy
- _____ business/commercial
- _____ criminal
- _____ elder
- _____ employment/labor law
- _____ environmental
- _____ family/domestic
- _____ general practice

- _____ health
- _____ immigration
- _____ intellectual property
- _____ international practice
- _____ juvenile
- _____ practice management
- _____ personal injury/property damage
- _____ probate/trust/estate planning
- _____ real estate and/or landlord tenant

- _____ social security
- _____ sports/entertainment
- _____ tort and insurance
- _____ taxation
- _____ traffic
- _____ trial work
- _____ workers' compensation

Other: _____

I am qualified to practice in another profession:

Bar Related Activities:

Hobbies and Interests:

Civic Activities:

The following information is requested to assist with the successful pairing of mentors and protégés. **You are not required to answer this portion of the form, but your response will greatly assist with making mentoring matches.**

Gender: Male Female

Age: _____

Ethnic Background: _____

Number of Children: _____

Marital Status: Married

Single

Divorced

Widowed

If married, is your spouse working:

Yes

No

THIS SECTION *MUST BE COMPLETED* TO BE ELIGIBLE FOR APPOINTMENT

I acknowledge with my signature below that I meet or will meet the following qualifications to serve as a Missouri Bar Mentor.

I am a member in good standing with the Supreme Court of Missouri.

NOTE: Professional Liability Insurance is required unless employed by a corporation as "in house" or by a Government Agency.

I carry professional liability insurance with the company listed below.

Please disclose any disciplinary action (including admonitions) taken against you since being admitted to practice law.

I agree to attend an orientation specific to this program.

I agree to make the necessary time commitment to maintain the mentor/protege relationship.

SIGNATURE: _____

DATE: _____

PLEASE RETURN TO:
THE MISSOURI BAR
MENTORING COMMITTEE
PO BOX 119
JEFFERSON CITY, MO 65102-0119

THANK YOU FOR VOLUNTEERING TO
SERVE AS A MENTOR



MAY IT BRING YOU MANY REWARDS!
Updated: 11/2004