

**The Missouri Bar**  
**MENTORING PROGRAM**  
**PROTEGE 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: \_\_\_\_\_

**Mentor Preferences:**

**Select the 3 most important mentor characteristics in your order of priority(1=Most important)**

- \_\_\_\_\_ Type of Practice
- \_\_\_\_\_ Size
- \_\_\_\_\_ No. of years in practice
- \_\_\_\_\_ Location
- \_\_\_\_\_ Skills
- \_\_\_\_\_ Area(s) of Practice
- \_\_\_\_\_ Gender
- \_\_\_\_\_ Age
- \_\_\_\_\_ Racial/Ethnic
- \_\_\_\_\_ Other \_\_\_\_\_

**Type of Practice**

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

**Number of Years in Practice**

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

**Size of Practice**

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

**Location of Practice**

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

**I prefer a mentor with skills in the following area(s):**

- Computer/Technology
- Litigation
- Administrative
- Appeals
- Regulatory board appearances
- Research
- Federal Court Practice
- Other: \_\_\_\_\_

**I prefer a mentor that practices in the following area(s) of law:**

(Note order of interest by listing most important areas as 1, etc. **Limited to 3 choices**)

- |                             |                              |                                       |                     |
|-----------------------------|------------------------------|---------------------------------------|---------------------|
| _____ admin/governmental    | _____ environmental          | _____ practice management             | _____ taxation      |
| _____ antitrust             | _____ family/domestic        | _____ personal injury/property damage | _____ traffic       |
| _____ arbitration/mediation | _____ general practice       | _____ probate/trust/estate            | _____ trial work    |
| _____ bankruptcy            | _____ health                 | _____ real estate/landlord tenant     | _____ workers' comp |
| _____ business/commercial   | _____ immigration            | _____ social security                 | _____ Other: _____  |
| _____ criminal              | _____ intellectual property  | _____ sports/entertainment            | _____               |
| _____ elder                 | _____ international practice | _____ tort and insurance              | _____               |
| _____ employment/labor law  | _____ juvenile               |                                       |                     |

**OVER PLEASE →**

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**Mentor Background Information (Optional)**

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I prefer a mentor who is:

Gender:       Male             Female

Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Other: \_\_\_\_\_

Does not matter

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**About myself:**

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**Bar Related Activities:**

**Hobbies and Interests:**

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**Civic Activities:**

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I acknowledge with my signature below that I meet or will meet the following qualifications to request a mentor in The Missouri Bar Mentoring Program.

**Note: Professional liability insurance is required unless employed by a corporation as “in house” or by a governmental agency.**

I carry professional liability insurance with the company listed below.

\_\_\_\_\_

I have signed the attached Protégé Disclaimer and Release Form.

I have read the guidelines for Protégés and agree to abide by them.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE RETURN TO:**

**THE MISSOURI BAR  
MENTORING COMMITTEE  
PO BOX 119  
JEFFERSON CITY, MO 65102-0119**

If you have any questions about The Missouri Bar Mentoring Program, please contact Jim Brady at The Missouri Bar at the above address, or call **573/638-2262** or by e-mail: [jbrady@mobar.org](mailto:jbrady@mobar.org)

Updated: April 2005