



PROMOTING JUSTICE SINCE 1877

Name and Contact Information

Name: _____ State Bar # _____

Address: _____

Email: _____

Telephone: _____

Facsimile: _____

Current Practice Information

Area(s) of Practice: _____

Current Employer: _____

Firm names where you have worked: _____

Personal Information

Law School and Year Admitted to California Bar: _____

Undergraduate: _____

Professional Organizations: _____

Hobbies and Interests: _____

Mentorship Information

List each area(s) of practice you are most interested in for a mentor match in order of preference.

If more than one area, please rank them in order of preference. _____

How often would you like to meet with your mentor?

___ weekly ___ every two weeks ___ monthly

What is the best way for your mentor to contact you?

___ phone ___ e-mail ___ other: _____

Please indicate if you have any geographical preferences: _____

Please indicate if you have any other preferences: _____

Please describe what information/guidance/support you would like your mentor to provide:

Disclaimer

As a mentee participating in the Alameda County Bar Association (ACBA) Barristers' Mentorship Program (BMP), I understand that I can expect informal advice and guidance from my mentor that relates to my legal career. Following the mentor's advice and guidance is up to my own discretion.

I understand that my mentor is a busy attorney, and I agree to be mindful of his or her schedule. I understand that I must not expect or ask for legal advice from my mentor. Further, I will take steps to ensure that no attorney-client relationship arises between me and my mentor, or between my mentor and any of my clients. I agree that I will not use the mentorship program as a recruiting tool.

I am an active member in good standing of the ACBA and the State Bar of California and I am a member of the Barristers Section.

I understand that the BMP Committee will try to match me to a suitable mentor, but there is no guarantee that I will be matched. Furthermore, the mentorship relationship is voluntary and may be terminated by either me or my mentor without cause or reason.

The ACBA and the BMP do not make any promises and are not responsible or liable for the mentors' advice or actions. Mentors participate in this Program on a voluntary basis and are members in good standing of the ACBA and the State Bar of California. The ACBA does not conduct any kind of vetting process for mentors and does not endorse or recommend the attorneys who serve as volunteer mentors. The ACBA does not monitor the mentorship relationship nor does the ACBA have any disciplinary authority with respect to the BMP.

I have read and understood the guidelines for the BMP and agree to follow these guidelines.

Signature

Date

Print Name

For Staff Use Only: *Date Rec'd:* _____ *Mentor Name:* _____