



Bucks County Bar Association Mentor Program Application

Name: _____ Date: _____

I am applying to the Bucks County Bar Association Mentor Program to participate as (please check one):

- A Mentor (suggested at least 7 years in practice) _____
- A Mentee (no minimum or maximum) _____

Preferred Contact Information:

Address: _____

Phone: _____ Email: _____

Professional Information: Number of Years in Practice: _____

Current Employer: _____

Position Held: _____

Practice Areas: _____

Current type of employment (please check one):

<i>Law Firm:</i>	In-House Counsel _____
Solo practitioner _____	Government _____
2-20 attorneys _____	Public Interest _____
20-50 attorneys _____	Judiciary _____
50+ attorneys _____	Other (specify) _____

Please set forth any previous/additional employment information or career goals that you feel may be helpful in making a match:

Law School: _____

Undergraduate School: _____

Please set forth what you hope to gain/share by participating in this program (e.g. networking skills, career development / management, law office economics, leadership, work-life balance issues, etc.)

Please return this form to the Bucks County Bar Association. NOTE: Participation is open to all members of the BCBA (male and female), with priority given to WLD Members.