BCBA Mentorship Program Application



I am applying to the BCBA Mentor Program to participate as (please check one):

o Mentor (require at least 7 years in practice)

o I am willing to mentor a law student o Mentee (no minimum or maximum) o Licensed attorney o Law student (must be a 3L) Name: Date: _____ Address: Email: Phone: _____ Number of years in practice: Employer: ____ Position: Practice Areas: _____ Type of Employment (please check one): _____ Solo Practitioner _____ In-House Counsel _____ Other (specify): 2-20 Attorneys ____ Government $\underline{}$ 20 – 50 Attorneys _____ Public Interest _____ Judiciary _____ 50+ Attorneys Law School: Undergraduate: Please indicate any previous/additional employment information or career goals that you feel may be helpful in making a match:

Please indicate 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, returning to workforce, etc.)
Please list factors you would like to be considered for a pairing (e.g., location, medical/physical disability, religion, ethnicity, sexual orientation, gender, or any other matter you would like considered)
Please indicate, if applying to be a mentor, you would be willing to participate in group mentoring (i.e., you facilitate an event/proceeding at which a few members are present)
Yes No

Please return this form to the BCBA Staff via email at info@bucksbar.org or by mail/in-person at the BCBA, located at 135 E. State St., Doylestown, PA 19801.

^{*}Note: Participation is open to all members of the BCBA.

^{**}Participation in this form will be kept confidential, and used only in the Membership Committee for the purposes of pairing mentor and mentee.