



**Bucks County Bar Association
Women Lawyers Division
Mentor Program Application**

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) _____

Name: _____ Date: _____

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 WLD Chair:

Carol A. Shelly, Esquire
Shelly Law Offices, LLC
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Doylestown, PA 18901
Fax: (267) 454-7941
E-mail: carol@shelly-law.com

NOTE: Participation is open to all members of the BCBA (male and female), with priority given to WLD Members.