



## 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:***

Bucks County Bar Association  
Mentor Program  
135 East State Street  
Doylestown, PA 18901

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