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## Mentorship Program Application

Please complete application in full and write legibly.

1. Name: \_\_\_\_\_
2. E-mail Address: \_\_\_\_\_
3. Firm: \_\_\_\_\_
4. Work Address:  
\_\_\_\_\_  
\_\_\_\_\_
5. County: \_\_\_\_\_
6. Telephone: \_\_\_\_\_
7. Admission Date: \_\_\_\_\_
8. Years of Practice: \_\_\_\_\_
9. Type of Practice:
  - Private Employee-Side
  - Private Employer-Side
  - Labor Management-Side
  - Labor Union-Side
  - Government
  - Neutral
10. I am interested in participating in a mentoring program for labor and employment attorneys as a:
  - Mentor
  - Mentee