NYSBA LABOR & EMPLOYMENT MENTORING PROGRAM
MENTOR APPLICATION FORM

I would like to be considered for service as a mentor in the Labor & Employment Law Section's Mentoring Program.

Name: _____

Employer or Affiliation, if any: _____

Email Address: _____

Phone: _____

Number of Years in Practice: _____

Number of Years as NYSBA Member: _____

College, Law School, and Years of Graduation: _____

_____

Nature of Legal Practice: _____

Preference in Assignment of Mentee (e.g. Mentee's area of practice, school, geographic proximity, etc.): _____

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