MENTORING PROGRAM
2012-2013

The Program:

The Boston Bar Association (BBA) recognizes the need to create long lasting relationships within the legal community in Boston. In order to do this, the BBA launched a Mentoring Program populated with seasoned attorneys in the Boston area to provide guidance, encouragement and necessary exposure to a diverse group of attorneys. With this, the BBA looks forward to:

- Bridging the gap between lawyers in the legal community;
- Effectively connect with groups and organizations;
- Connect with lawyers in the city;
- Encourage leadership and success

- Please submit the attached Mentoring Program Informational Form to Susan Helm at shelm@bostonbar.org by August 17th, 2012.

Please Contact Susan Helm (617) 778-1984 shelm@bostonbar.org with any questions about the Program or the Informational Form.
Mentoring Program Informational Form

SECTION I- Contact Information:
Name: _________________________________ Phone: ___________ Other Phone: (optional) ___________
Home Address: ___________________________________________ Zip Code: _________________
Date of Birth: ______________
Firm/Organization Name: __________________________________ Size of firm: _________________
Work Address: ____________________________________________ Zip Code: _________________
Title/Position: ____________________________
Preferred email: ______________________________ Other email: ____________________________

SECTION II –Availability:
This program is dependent on strong group participation at every meeting and attendance at group meetings is mandatory. Your group will set a monthly meeting date and time which will be consistent throughout the year. Please rank the time slots below with 1 being the most desirable and 3 being the most difficult for you on a regular, monthly basis:

___ Weekday mornings
___ Weekday afternoons (lunch)
___ Weekday evenings

Please indicate which day(s) of the week that is best/worst for you and elaborate on any scheduling details we may need to know when assigning you to a group:

Do you have any preferences or restrictions on where your group will meet? Most will meet at the BBA (16 Beacon Street) or other downtown location:

SECTION III - Professional Background:
Law School: ______________________________ Graduation Year: ______________ Bar Admission Date: __________
State(s): ____________________________
Practice Area(s): ____________________________________________________________

Professional Organization Memberships: ____________________________________________
SECTION IV- Personal Background (optional):

Race: __________________________  Sexual Orientation: ___________________
Ethnicity: _______________________
Gender: _______________________
Children: ___ Yes ___ No ___ Number

SECTION V – Please provide a few sentences to the statements/questions below

What are your unique experiences that will benefit your mentoring group?

What are your expectations of BBA Mentoring Program? Why do you want to participate in the program as a mentee?

Additional information that is helpful when selecting a mentoring group:

I have read and understand the information in the Mentoring Program Handbook

Signature ___________________________ Date ___________________________