

WASHINGTON STATE BAR ASSOCIATION

WSBA Litigation Section - Mentor Application

The WSBA Litigation Section’s Mentorship Program seeks to pair experienced litigation attorneys possessing high standards of professionalism and litigation knowledge with law students and young lawyers interested in or working on a civil litigation practice. This program is designed to provide law students and young lawyers an opportunity to interact with experienced litigation attorneys.

To be paired with a mentee, please send this form by e-mail this form to Rob Wilke at rwilke@gth-law.com.

Contact Information		
Name:		Bar Number:
Employer:		Email:
Address:		*Email will be the primary means of contact
Telephone:		Date:

Mentor Acknowledgements	
<input type="checkbox"/>	I am an active Washington attorney and in good standing for five or more years.
<input type="checkbox"/>	I understand that no client information may be discussed with my Mentee in accordance with RPC 1.6.
<input type="checkbox"/>	I agree to dedicate the time necessary to the mentoring relationship. If for any reason, I cannot continue my mentoring relationship, I will notify the organization as soon as possible.

About You
Undergraduate School:
Major:
Law School:
Graduation Year:
Year Admitted to WSBA:
Practice Area(s):
Other Legal Jurisdictions:
Other Professional Organizations:

WSBA or other professional activities:
Volunteer Activities:
Hobbies & Interests:
Why do you want to be a mentor:

Check any or all of the following skills/areas you would like to provide mentoring in:	
<input type="checkbox"/>	Practice area – please specify:
<input type="checkbox"/>	Law Office Management (may include technology)
<input type="checkbox"/>	Court Appearance
<input type="checkbox"/>	Research
<input type="checkbox"/>	Substance abuse/mental health issues
<input type="checkbox"/>	Resource for assessing career paths
<input type="checkbox"/>	Resource for work-life balance
<input type="checkbox"/>	Litigation Skills <input type="checkbox"/> Motions <input type="checkbox"/> Oral arguments <input type="checkbox"/> Trial skills <input type="checkbox"/> State vs. federal court <input type="checkbox"/> Arbitration <input type="checkbox"/> Administrative hearings <input type="checkbox"/> Mediation
<input type="checkbox"/>	Other:

Type of Practice:		Size of Firm:	
<input type="checkbox"/>	Of Counsel	<input type="checkbox"/>	1 lawyer
<input type="checkbox"/>	Emeritus Pro Bono	<input type="checkbox"/>	2-9 lawyers
<input type="checkbox"/>	Law Firm	<input type="checkbox"/>	10-39 lawyers
<input type="checkbox"/>	Government Office	<input type="checkbox"/>	40+ lawyers
<input type="checkbox"/>	In-House corporate counsel	<input type="checkbox"/>	Do not currently practice
<input type="checkbox"/>	Non-legal job	Location of Practice:	
<input type="checkbox"/>	Nonprofit Organization	<input type="checkbox"/>	Large urban area
<input type="checkbox"/>	Solo	<input type="checkbox"/>	Medium-size city
<input type="checkbox"/>	Do not currently practice	<input type="checkbox"/>	Small city/rural area
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Do not currently practice

Additional Relevant Information:

Match	
<input type="checkbox"/>	Please match me with a mentee as needed.
<input type="checkbox"/>	Please match me to: _____ <div style="display: flex; justify-content: space-between;"> Name of Mentee Mentee's Bar Number (if known) </div>

--	--

Your Preferences
Is there anything else you want the Mentorship Committee to know about you, your preferences, etc.?

How did you learn about the Litigation Section’s Mentorship Program?

By submitting this application, I certify that I have read and am familiar with guidelines and requirements of the Mentorship Program and that I will abide by the guidelines currently in force and as they may be from time to time amended by the Mentorship Committee.

Signature of Mentor

Date

Print Name & WSBA No.