ATTORNEY MENTEE APPLICATION

WASHINGTON STATE BAR ASSOCIATION

CONTACT INFORMATION

Name _____ **License Number** _____

Employer *(if applicable)* _____ ***Email** _____

*Email will be the primary means of contact

Current Member of the Health Law Section? ☐ **Yes** ☐ **No**

MENTEE ACKNOWLEDGMENT

I am eligible to participate in the program because:

- ☐ I am an active Washington State Bar Association member and in good standing, **OR**
- ☐ I have applied or am planning within the next six months to apply for admission to the Washington State Bar Association.*

☐ I understand that communications with my mentor must be in accordance with RPC 1.6.

☐ I understand that if I am matched with someone in my firm, I must notify WSBA Health Law immediately.

☐ I will not co-counsel with my mentor.

☐ I understand that I can claim only "other" or "ethics" credits.

☐ I agree to abide by any Mentorship Agreement with my mentor, as applicable.

☐ 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 WSBA Health Law right away.

ABOUT YOU

Law School (JD, LLM) or APR 6 Office _____

Graduation year _____

Year admitted to WSBA _____

Practice areas _____

Years of legal practice _____

Years of Practice in Health Law _____

Other Legal Jurisdictions _____

Other Professional Organizations _____

WSBA or other professional activities _____

Volunteer Activities, Hobbies and Interest _____

Why do you seek a Mentor within the Health Law Section?

**If you receive a bar number following the submission of this application and are seeking CLE credit, please submit an updated application to wsbahealthlaw@gmail.com with your bar number.*

Check any or all of the following skills/areas you would like to mentored in:

- ☐ Practice area –specific issues (list areas in additional relevant information below)
- ☐ Law Office Management (may include technology)
- ☐ Court Appearance
- ☐ Research
- ☐ Resource for assessing career paths
- ☐ Resource for work-life balance

Current Type of Practice

- ☐ Of Counsel
- ☐ Emeritus Pro Bono
- ☐ Law Firm
- ☐ Government Office
- ☐ In-House corporate counsel
- ☐ Non-legal job
- ☐ Nonprofit Organization
- ☐ Solo
- ☐ I do Pro Bono in addition to my paid job
- ☐ Do not currently practice
- ☐ Other:

Check the top two practice settings (excluding pro bono) that you'd like your mentor to be in:

We will do our best to pair you with someone who is practicing in one of these settings currently or previously.

- ☐ Law Firm
- ☐ Government Office
- ☐ In-House corporate counsel
- ☐ Non-legal job
- ☐ Nonprofit Organization
- ☐ Solo
- ☐ Pro Bono (in addition to paid position)
- ☐ I am still figuring that out!
- ☐ Other:

Additional relevant information:

BEING MATCHED *(Complete the below only if there is a specific mentor you would like to be paired with)*

☐ Please match me to:

Name of Mentor _____ Mentor's Bar Number (if Known) _____