MENTOR 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 WSBA Health Law section? ☐ **Yes** ☐ **No**

MENTOR ACKNOWLEDGMENT

☐ I understand that communications with my mentee 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. A mentor cannot be employed by the same employer (firm, organization etc.) as the mentee, if the mentor is going to claim MCLE credit.

☐ I will not co-counsel with my mentee.

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

☐ I agree to abide by any Mentorship Agreement with my mentee, 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 WSBA Health Law right away.

ABOUT YOU

Undergraduate School _____

Major _____

Law School/ JD or LLM _____

Year of Graduation _____

Year Admitted to WSBA _____

Years of Practice* _____

Practice Area(s) _____

Other Legal Jurisdictions _____

WSBA or other professional activities _____

Volunteer Activities _____

Hobbies and Interests _____

Why do you want to be a Mentor?

***A minimum of 5 years of WSBA practice is required to be eligible to receive CLE credit**

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

- ☐ Practice area –specific issues (based on the practice areas I listed previously)
- ☐ Law Office Management (may include technology)
- ☐ Court Appearance
- ☐ Research
- ☐ Resource for assessing career paths
- ☐ Resource for work-life balance
- ☐ Other:

Type of Practice:

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

Other:

Size of Firm/Organization:

- ☐ 1 lawyer
- ☐ 2-9 lawyers
- ☐ 10-39 lawyers
- ☐ 40-100 lawyers
- ☐ 100+ lawyers
- ☐ Do not currently practice

Location of Practice:

- ☐ Large urban area
- ☐ Medium-sized city
- ☐ Small city/rural area
- ☐ Remote and/or Hybrid
- ☐ Do not currently practice

Additional relevant information:

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

☐ Please match me to:

Name of Mentee _____ Mentee Bar Number (if Known) _____

AM I READY TO BE A MENTOR?

CONSIDER...

- Do I have the actual time to commit to my mentee? How much time?
- Am I willing to share my challenges, as well as my successes?
- What do I hope to gain from this experience? What do I hope to teach?
- What aspect(s) of my career path puts me in a unique position to mentor?

HOW CAN I BE A GOOD *MENTOR?*

- Come on time to appointments; respond within 48 hours to emails.
- Show personal interest in your mentee.
- Give positive and constructive feedback.
- Create a welcoming & inclusive environment.
- Consider barriers mentee faces in their career, and provide advice and support accordingly.

HOW CAN I BE A GREAT *MENTOR?*

- Come early to appointments; respond within 24 hours to emails.
- Read about the mentee's interests prior to your next meeting.
- Ask for feedback on being a mentor.
- Initiate dialogue regarding barriers and facilitators to creating an inclusive and supportive environment.
- Ask the mentee what kind of proactive support he/she needs to overcome barriers.

WSBA Mentorship Resources - Information on other mentoring resources to support WSBA members is available at www.wsba.org/connect-serve/mentorship

Reach out to WSBA Health Law with any concerns or questions during your participation in this Mentorship Program by emailing WSBAHealthLaw@gmail.com

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