STUDENT MENTEE APPLICATION

WASHINGTON STATE BAR ASSOCIATION

CONTACT INFORMATION

Name _____

Law School _____ ***Email** _____

*Email will be the primary means of contact

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

MENTEE ACKNOWLEDGMENT

☐ I am a current law student (seeking J.D. or LL.M.) or APR 6 law clerk.

☐ I understand that if I am matched with someone in a firm that I am currently working at or will be a summer associate with, I must notify WSBA Health Law immediately.

☐ I agree to abide by the WSBA Health Law Mentorship Agreement, as applicable.

☐ I agree to dedicate the time necessary to this mentoring relationship. If for any reason, I cannot continue my mentoring relationship, I will notify WSBA Health Law right away.

ABOUT YOU

Law School J.D./ LL.M. or APR 6 Office _____

Undergraduate School _____

Other Professional Organizations _____

Volunteer Activities, Hobbies and Interests _____

Why do you seek a Mentor in Health Law?

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 in the box below)
- ☐ Law Office Management (may include technology)
- ☐ Court Appearance
- ☐ Research
- ☐ Resource for assessing career paths
- ☐ Resource for work-life balance
- ☐ Other:

Check the top two practice settings 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 for finding a mentor match:

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)