



**MENTORING PROGRAM APPLICATION  
JUNIOR AND STUDENT PARALEGALS**

Name: \_\_\_\_\_

Firm or Corporation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Address (if preferred method of contact) \_\_\_\_\_  
\_\_\_\_\_

Home or Cell phone: \_\_\_\_\_

Area of anticipated work: \_\_\_\_\_

School and Graduation Date: \_\_\_\_\_

Please let us know why you would like to participate and what type of benefit you hope to gain from a mentoring paralegal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You should be contacted within two weeks by a senior paralegal who would be best able to answer any questions you may have about the profession, assist you establishing goals, and be willing to guide you in the direction you wish to go. Please be prepared to meet with your senior paralegal at least once a month. If at any time you are not able to commit to the program, please let me know immediately, so that I may find a suitable junior or student paralegal for your mentoring senior paralegal.

We look forward to helping you develop your career! Please do not hesitate to contact me at (937) 829-2342 or (937) 586-6268 with any questions!

Thank you in advance for your interest and enthusiasm!

Erica Smith-Forth  
Mentoring Committee Chairperson