



**MENTORING PROGRAM APPLICATION
SENIOR PARALEGALS**

Name: _____

Firm or Corporation: _____

Business Address: _____

Business Phone: _____

Home Address (if preferred method of contact) _____

Home or Cell phone: _____

Area of work: _____

School and Graduation Date: _____

Years of experience either in the legal field and/or as a paralegal (Please include any certifications): _____

Please let us know why you would like to participate and what type of benefit you hope to bring to a mentored paralegal:

Please be prepared to contact the junior or student paralegal within 2 weeks of matching. Please also be prepared to meet with your mentored paralegal at least once a month to answer questions, discuss the individual goals, and learn more about their areas of interest. If at any time you are not able to commit the time requested, please let me know immediately so an alternative senior paralegal can be assigned.

This program will be a success if we have knowledgeable, committed paralegals who hope to advance the profession through the next generation of paralegals. Please do not hesitate to contact me at (937) 829-2342 or (937) 586-6268 with any questions!

Thank you in advance for your assistance and enthusiasm!

Erica Smith-Forth
Mentoring Committee Chairperson